

FILED MAR 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **5857**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) St. James		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. James		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Soldiers Home Hospital				STREET ADDRESS (If rural, give location) 0810			
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) E. c. (Last) Parker			4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH Feb 19, 1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0 Days 8	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Benton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Wm. Runge, 316 Westside Webster Groves Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Subdura Indefinite	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 12-15-53 to 2-27-56 , 19 56 , that I last saw the deceased alive on 2-27-56 , 19 56 , and that death occurred at 8 P. m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Asst. Grosskreutz, M.D.			23b. ADDRESS St. James, Mo		23c. DATE SIGNED 2-28-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE March 1 56	24c. NAME OF CEMETERY OR CREMATORY St. Louis, Missouri		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 3-3-1956		REGISTRAR'S SIGNATURE Ruth B. Powell		FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Paul Baker - St. James Mo			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer

Certificate Number 342

Date Filed MAR - 5 1956

MAR 16 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *C. Jesse Goble*

Licensed Embalmer No. 448
P. O. Address 200 1/2 Me...
St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.