

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc.—most use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
AYRE-GOODWIN FUNERAL SERVICE, Inc.

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8787

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield ²⁵⁹⁶ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1617 Kimbrough		Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) 1617 Kimbrough Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First AUBREY Middle LOUIS Last PARKER			4. DATE OF DEATH Month April Day 11 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1879
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 76 Days 76 Hours 76 Min. 76	IF UNDER 24 HRS. Hours 76 Min. 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Pike County, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Louis Parker	
14. MOTHER'S MAIDEN NAME Sylvinia Toalson		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. Unknown		17. INFORMANT Mrs. Flora Parker, Springfield, Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due to Carbon Monoxide Poisoning. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH Minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Inhalation of automobile exhaust fumes, while in a garage.		
20c. TIME OF INJURY Hour 11 a. m. PM Month 4 Day 11 Year 1956			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Garage at Residence	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY Greene STATE Missouri
21. I, Charles E. Seifert , the undersigned, being a duly qualified coroner and having viewed the deceased after death on April 11, 1956 , and to the best of my knowledge, from the causes stated, Death occurred at _____ a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles E. Seifert		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 4/12/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/11/1956	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) (State) Walnut Grove, Missouri
24. SPECIAL DIRECTOR HARRY AYRE ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 4-12-56	26. REGISTRAR'S SIGNATURE Edith Williams

(Licensed Embalmer's Statement on Reverse Side)

9581 7 17/18

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *James W. Wair*.....

Licensed Embalmer No. 4650

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.