

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

16815

State File No.

BIRTH NO.

REG. DIST. NO. 157PRIMARY REG. DIST. NO. 3028Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Carthage</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>1621 S. Maple</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>H.</u> c. (Last) <u>Parker</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 30, 1910</u>	
9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Acid Line Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Atlas Power Co.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Harland Parker</u>				13b. MOTHER'S MAIDEN NAME <u>Effie Denney</u>			
14. NAME OF HUSBAND OR WIFE <u>Jessie Spracklen</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>490-10-0236</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kenneth Parker, Carthage, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY				21e. INJURY OCCURRED WHILE AT WORK <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 <u>Apr. 29, 1956</u> , to <u>Apr. 29, 1956</u> , that I last saw the deceased alive on <u>April 29, 1956</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard P. Coyle M. D.</u>				23b. ADDRESS <u>Carthage, Mo.</u>			
23c. DATE SIGNED <u>4-30-56</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>5-2-56</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-7-56</u>				REGISTRAR'S SIGNATURE <u>W. H. Clinton</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1951 8 8 851

VS
AUG 19 1959

RECEIVED
Jasper County Health Office
County File Number 56-5-398
Date Filed MAY 15 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

Licensed Embalmer No.

P. O. Address

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.