

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31634

FILED SEP 24 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>351</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>59 yrs.</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>104 E. Morgan, St.</u>				e. STREET ADDRESS (If rural, give location) <u>104 E. Morgan</u> <u>08010</u>				
3. NAME OF DECEASED (Type or Print) <u>Angeline</u>			a. (First)		b. (Middle) <u>Parker</u>		c. (Last)	
4. DATE OF DEATH <u>Sept. 14, 1956</u>				(Month) (Day) (Year)				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u> <u>1857</u>		
9. AGE (In years last birthday) <u>99 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Matron</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MOP R.R. Station</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Water Parker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eva Grant - Sedalia, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH _____						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
DUE TO (b) _____		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
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>794X</u>				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 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>Sept. 12, 1956</u> , to <u>Sept. 14, 1956</u> , that I last saw the deceased alive on <u>Sept. 12, 1956</u> , and that death occurred at <u>1:55 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Sp Dyer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>Sept. 14, 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 18, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-17-56</u>		REGISTRAR'S SIGNATURE <u>Blyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucie Blends</u> ADDRESS <u>Sedalia, Mo. 400 W. Cape</u>				

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

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.....
Eric Alford

Licensed Embalmer No. *434*

P. O. Address *Sedalia*

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.