

FILED NOV 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36950**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **229**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico, Mo.	c. LENGTH OF STAY (in this place township) 2 wks.	c. CITY OR TOWN Ladonia	d. Is 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 Audrain Hospital		e. STREET ADDRESS (If rural, give location) 8040 1	

3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) _____ c. (Last) Parker	4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1956			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH (Month) (Day) (Year) Oct. 15, 1884	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 1 IF UNDER 12 HRS. Hours 72 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Ladonia, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Timothy Parker	13b. MOTHER'S MAIDEN NAME Eliza Turner	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mr. Virgil Parker ADDRESS Not listed

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriary Decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis		2 weeks
	DUE TO (c) Arteriosclerosis & Hypertension		5 yrs
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 _____	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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **10-31**, 19**56**, to **11-15**, 19**56**, that I last saw the deceased alive on **11-15**, 19**56**, and that death occurred at **12:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William W. Jones D.O.	23b. ADDRESS LADONIA MO	23c. DATE SIGNED 11-17-56
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Nov 17, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
DATE REC'D BY LOCAL REG. Nov 17-1956	REGISTRAR'S SIGNATURE Blanche Neely	24d. LOCATION (City, town, or county) (State) Audrain County Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Biehoff		ADDRESS Ladonia Mo

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.....
Clyde Wilkey

Licensed Embalmer No. *382*

P. O. Address *Perry, Va.*

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.