

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. 38943

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>440</u>		Registrar's No. <u>183</u>						
1. PLACE OF DEATH a. COUNTY <u>PEMISCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>PEMISCOTT</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PASCOGA</u>		c. LENGTH OF STAY (In this place) <u>6 years</u>		c. CITY OR TOWN <u>PASCOGA</u>		d. Is Residence within limits of a 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				e. STREET ADDRESS (If rural, give location) <u>0760</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>HENRY</u>			c. (Last) <u>PARKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUCASIAN</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-16-1876</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Weekly County, TENN</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>JAMES PARKER</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN ?</u>			14. NAME OF HUSBAND OR WIFE <u>EMMA J. PARKER</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Postwood PascoGA 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>Coronary thrombosis</u>												
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.												
ANTECEDENT CAUSES												
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.												
DUE TO (b) <u>Hypertensive Cardio Vasculosa</u>												
DUE TO (c) <u>Valvular disease</u>												
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>4201</u>										
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)			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>3-7</u> , 19 <u>07</u> , to <u>5-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>56</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>C. D. Kainz M.D.</u>				23b. ADDRESS <u>Nazki, Mo.</u>				23c. DATE SIGNED <u>11-9-56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Everman Ridge Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>Pemiscott Co., Missouri</u>					
DATE REC'D BY LOCAL REG. <u>11-9-56</u>		REGISTRAR'S SIGNATURE <u>John St. German</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McDaniel Funeral Home Senath, Mo</u>							

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

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11-295-56

NOV 14 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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..

NOT EMBALMED

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. (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.