

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8199**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **106**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) WASHINGTON		c. CITY OR TOWN UNION 03610	
c. LENGTH OF STAY (In this place) 7 Months		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 ST. FRANCIS 0		e. STREET ADDRESS (If rural, give location) 310 FRANKLIN	

3. NAME OF DECEASED (Type or Print)	a. (First) RAINEY	b. (Middle) CLEVELAND	c. (Last) PARKER	4. DATE OF DEATH	(Month) MARCH	(Day) 18	(Year) 1957
-------------------------------------	--------------------------	------------------------------	-------------------------	------------------	----------------------	-----------------	--------------------

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 13 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 5	IF UNDER 1 HRS. Hours 	IF UNDER 1 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------------------	----------------------------------	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER	10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and State or Foreign Country) VIENA, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME LEVI PARKER	13b. MOTHER'S MAIDEN NAME LOUISA MARTIN	14. NAME OF HUSBAND OR WIFE SOPHIA PARKER
---------------------------------------	--	--

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. 490-14-7355	17. INFORMANT'S SIGNATURE OR NAME CHESTER PARKER	ADDRESS UNION, MO
--	--	---	--------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days? 3 mos. 1 yr.?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	DUE TO (b) Diabetes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		DUE TO (c) Diabetes Mellitus	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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)	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 **1/24, 1957**, to **3/18, 1957**, that I last saw the deceased alive on **3/8, 1957**, and that death occurred at **2:20 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Union, Mo	23c. DATE SIGNED 3/19/57
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE #3/21/57	24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	24d. LOCATION (City, town, or county) (State) UNION, FRANKLIN, MO.
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. Mar. 19, 1957	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
---	--	---	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1951 & 978

287-10-1

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 *Ralph Ottmann*.....

Licensed Embalmer No. *4806*

P. O. Address *Union, Mo.*

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.