

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015173

STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 116

5. 300
1-57

781

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hayti	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 E. Jackson		d. STREET ADDRESS (If outside, give location) 206 E. Jackson	
3. NAME OF DECEASED (Type or print) Charles Junior PARKER		4. DATE OF DEATH Month March Day 28 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-22-1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 33
11. BIRTHPLACE (City and state or country) Patterson, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Virgil L. Parker		13b. MOTHER'S MAIDEN NAME Florence Mae Ferrell	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Virgil L. Parker, Same Add.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 24-48h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) aspiration of ualvoplegia due to birth trauma poor deglutition			
DUE TO (c) Generalized Debility			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Debility			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/27/58 to 3/28/58 and last saw the ^{him} alive on 3/28/58 Death occurred at 9:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William O. Bryant M.D.		22b. ADDRESS 223 S 3rd Hayti Mo.	
22c. DATE SIGNED 3/30/58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-30-58	
23c. NAME OF CEMETERY OR CREMATORY East Woodlawn		23d. LOCATION (City, town, or county) (State) Hayti, Missouri.	
24. FUNERAL DIRECTOR John W. German, Hayti, Mo.		25. DATE RECD. BY LOCAL REC. 4-14-58	
26. REGISTRAR'S SIGNATURE John W. German			

4-118-58

APR 28 1958

DEWBOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79.
CARUTHERSVILLE, MO.

APR 30 1958

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 *John W. German*
Licensed Embalmer No. *4355*
P. O. Address *Jayton, 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.