

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017281

STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 27 Primary Registration District No. 5089 Registrar's No. 73

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| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Twp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Kansas City Kans. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #71 | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 904 Armstrong |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last MARY ELLEN PARKER | | | 4. DATE OF DEATH Month Day Year May 4th 1958 | | |
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|-------------------------|----------------------------------|---|--|--|--|------------------------------------|
| 5. SEX female | 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 Nov 25 1894 | 9. AGE (In years last birthday) 63 | 10. F UNDER 1 YEAR Months Days Hours Min. | 11. IF UNDER 24 HRS. Hours Min. |
|-------------------------|----------------------------------|---|--|--|--|------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | 10b. KIND OF BUSINESS OR INDUSTRY Public Schools | 11. BIRTHPLACE (City and state or country) Neosho Co Kans | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John H Parker | 13b. MOTHER'S MAIDEN NAME Georganna List | 14. NAME OF HUSBAND OR WIFE single |
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| 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. | 17. INFORMANT Address Walter Parker-802 Oak St Carthage Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture cervical spine | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Multiple fractures | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" 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.) 2 car collision, Hwy 71 |
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|--|---|--|---|------------------------|--------------------------|
| 20c. TIME OF INJURY 10 a.m. 5 4 58 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U S Highway #71 | 20f. CITY, TOWN, OR LOCATION 4 mi. S Butler | COUNTY Bates | STATE Missouri |
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| 21. I attended the deceased from Death occurred at 5/4/58 10¹⁰ AM to 10¹⁰ AM on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE Douglas C. Ronald MD | (Degree or title) 3 | 22b. ADDRESS Butler, Mo | 22c. DATE SIGNED 5/5/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/6/58 | 23c. NAME OF CEMETERY OR CREMATORY Park Cemetery | 23d. LOCATION (City, town, or county) (State) Carthage Missouri |
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| 24. FUNERAL DIRECTOR Knell Mortuary | ADDRESS Carthage Mo | 25. DATE RECD. BY LOCAL REG. May 6-1958 | 26. REGISTRAR'S SIGNATURE Dendall Kersey |
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(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

300
1-57

3

16

JUN 8 1958

MAY 29 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 H. Underwood*

Licensed Embalmer No. 3585
P. O. Address.....Butler Missouri

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.