

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044844

STATE FILE NUMBER

FILED DEC 16 1958 Registration District No. 195 Primary Registration District No. Registrar's No. 103-58

5. 300
1-57

1. PLACE OF DEATH a. COUNTY McDonahd		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo b. COUNTY McDonahd	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pineville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Pineville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in lb 8 yrs	d. STREET ADDRESS (If outside, give location) 0600
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HARVEY JAMES PARKER			4. DATE OF DEATH Month Day Year 11-17-1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-13-1886	9. AGE (In years less birthday) 72	10. UNDER 1 YEAR Months Day Hours Min. 6 4	11. 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) Oilfield Worker	10b. KIND OF BUSINESS OR INDUSTRY RET.	11. BIRTHPLACE (City and state or country) Hiawasse, Ark.	12. CITIZEN OF WHAT COUNTRY? U. S
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13a. FATHER'S NAME STEPHEN P. PARKER	13b. MOTHER'S MAIDEN NAME EMMA JANE HIGGINS	14. NAME OF HUSBAND OR WIFE LUCY PARKER
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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. EMMA SECURITY NO. NONE	17. INFORMANT LORETTA M. THOMAS	Address LUNDAY OKLA
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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) Cardio-Renal		INTERVAL BETWEEN ONSET AND DEATH ?
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
442x

19. WAS AUTOPSY PERFORMED?
YES NO

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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from Jan 1 58 , to Nov 17 58 and last saw ^{her} alive on Nov 16 58 Death occurred at 4:02 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Superior No.	(Degree or title)	22b. ADDRESS Pineville Mo	22c. DATE SIGNED 12/8/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-20-58	23c. NAME OF CEMETERY OR CREMATORY PINEVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) Pineville Mo.
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24. FUNERAL DIRECTOR HUMPHREY & SON FUNERAL HOME	ADDRESS PINEVILLE, Mo.	25. DATE RECD. BY LOCAL REG. Dec 8, 1958	26. REGISTRAR'S SIGNATURE May G. Bradley
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All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. *4708*
P. O. Address *Noel 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.