

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012220

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 10 Primary Registration District No. 5033 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Loutre Twp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Benton City, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home at Benton City R. 7D Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2 mls. N. of B. C. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edward Ferman Parker			4. DATE OF DEATH Month Day Year 4-20-1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-3-1897
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. AGE (In years last birthday) Months Days Hours Min. 61	10. KIND OF BUSINESS OR INDUSTRY Farming
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Audrain County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ferman Parker		14. MOTHER'S MAIDEN NAME Wilcox	
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. 488-42-9189	17. INFORMANT Address Mrs. Mildred Parker Benton City, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 acute coronary (coronary) occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2. generalized Arterio sclerosis essential hypertension HBP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Recent cerebromacular hemorrhage & paraparesis			INTERVAL BETWEEN ONSET AND DEATH 175 days in the weeks years 6 months
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 Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <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 4/29/59 and last saw him alive on 4/29/59 Death occurred at 4:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernan Phere (Degree or title) MD		22b. ADDRESS Vanalva, Mo	
22c. DATE SIGNED 4/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	5-1-1959	Ladonia Cemetery	Ladonia, Missouri
24. FUNERAL DIRECTOR ADDRESS Wilbur Bienhoff Ladonia, Missouri		25. DATE RECD. BY LOCAL REG. April 30-1959	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part 21 must be so usually reported. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clayton C. Miller

Licensed Embalmer No. *3*

P. O. Address.....
Perry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.