URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959 042

'59 043418
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1257

ENDED

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 18 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2401 So. 15th St. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 2401 So. 15th St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: JOHN Middle: EDWARD Last: PARKER
4. DATE OF DEATH: Month: Dec. Day: 12 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/9/1958
9. AGE (last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Joseph Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Jim Parker
13b. MOTHER'S MAIDEN NAME: Grace Daniels
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Grace Parker Address: 2401 So. 15th St. Joseph, 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): Unattended Death - Natural Causes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Investigated by City Health Dept.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____ to _____ and last saw him alive on _____
Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: City Health Department Robert W. Kieber, MD
22b. ADDRESS: St. Joseph, Mo
22c. DATE SIGNED: 12-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/14/59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Hamer Funeral Home ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 15, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Cardell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF R.W. Kieber, M.D. 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles E. Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

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