

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 1960

139

Registration District No. Primary Registration District No. 4237 Registrar's No.

68

-60-038196

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Craig</u>	Length of stay in 1b <u>57 yrs.</u>	c. CITY OR TOWN <u>Craig</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Craig, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u>

3. NAME OF DECEASED (Type or print) First <u>Murtle</u> Middle <u>—</u> Last <u>Parker</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>24</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/13/1881</u>	9. AGE (last birthday) <u>79</u>

10a. USUAL OCCUPATION (Give kind of work done during major working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (City and state or country) <u>Mound City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Baldwin</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bannister</u>	13c. NAME OF HUSBAND OR WIFE <u>James Parker</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Loren T. Baldwin - Warsaw Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>years</u>
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
DUE TO (c) <u>_____</u>		

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 _____
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21. I attended the deceased from <u>July 1959</u> to <u>Oct 24 1960</u> and last saw her alive on <u>Oct 24 1960</u>
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>James Humphreys W.</u> (Degree or title)	22b. ADDRESS <u>Mound City, Mo.</u>	22c. DATE SIGNED <u>Oct 26, 1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/26/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	23d. LOCATION (City, town, or county) (State) <u>near Craig Mo.</u>
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24. FUNERAL DIRECTOR <u>Willie L. Schaefer - Craig Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10/28/1960</u>	26. REGISTRAR'S SIGNATURE <u>James Crawford</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilbur L. Schooner

Licensed Embalmer No. 3997

P. O. Address Craig, 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.