

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020076

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 3074 Registrar's No. 83

AMENDED

FILED MAY 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b		c. CITY OR TOWN East Prairie, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 212 Powers St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First SADIE Middle Lourine Last PARKER				4. DATE OF DEATH Month 5 Day 12 Year 1961					
5. SEX Female		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 1/17/1890		9. AGE (last birthday) 71 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Mississippi County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Lindsey Woodard			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Thomas J. Parker			
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. None		17. INFORMANT Thomas J. Parker, Husband Address _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Bronchitis Pneumonia DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)							INTERVAL BETWEEN ONSET AND DEATH 1 day 3 weeks		
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		
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 5-10-61 to 5-12-61 and last saw her <u>her</u> alive on 5-12-61 Death occurred at 7:30 <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE L. M. Larno, M.D. (Degree or title)					22b. ADDRESS Morehouse, Mo.		22c. DATE SIGNED 5-12-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 16, 1961		23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery		23d. LOCATION (City, town, or county) (State) Rt. #1, East Prairie, Mo.			
24. FUNERAL DIRECTOR McMikle, East Prairie, Missouri ADDRESS _____				25. DATE RECD. BY LOCAL REG. 5-16-61		26. REGISTRAR'S SIGNATURE Mrs. Ellen Hunter			

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 BRUCE R. AUSTIN, Student Embalmer No. 613

working under my personal supervision.

Student Bruce R. Austin
Signature of Student Embalmer

Signed Edgar M. Mittle
Licensed Embalmer No. 4695

P. O. Address Charleston

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.