MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031750

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 59-62

FILED SEP 5 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	6600
2	3600
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Goodman — Length of stay in 1b: 40 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Main Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: McDonald
c. CITY OR TOWN: Goodman — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Main Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Myrtle Middle: Last: Parker
4. DATE OF DEATH: Month: Aug. Day: 30 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-27-1884
9. AGE (last birthday): 77 — 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: Homemaking
11. BIRTHPLACE (City and state or country): Crescent, Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: L. Hamilton
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Charles Parker
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: Harold Parker Address: Goodman, 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): Senility c̄ out Dementia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): _____ 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): Disease of the liver c̄ partial Biliary obstruction

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 Aug-28-1962 and last saw her alive on Aug 28-1962
Death occurred at 8:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren M Jones DO.
22b. ADDRESS: Neosho Mo.
22c. DATE SIGNED: 9-1-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 2, 1962
23c. NAME OF CEMETERY OR CREMATORY: Anderson, Mo.
23d. LOCATION (City, town, or county) (State): Anderson, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Poller Funeral Home, Goodman, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 1, 1962
26. REGISTRAR'S SIGNATURE: Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Roller

Licensed Embalmer No. 5062

P. O. Address Andover Me.

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.

Permit Issued 9/1/62