

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004843

STATE FILE NUMBER

Filed FEB 23 1963 Primary Registration District No. **645** Registrar's No. **9**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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1290-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Shelby | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt River | | Length of stay in 1b 20 yrs | c. CITY OR TOWN Shelbina, Mo. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Miles North | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3 Miles North on # 15 |
| 3. NAME OF DECEASED (Type or print) First Ruth Middle Anna Last Parker | | 4. DATE OF DEATH Month January Day 27 Year 1963 | |
| 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 8-17-1898 |
| 9. AGE (last birthday) 63 | | IF UNDER 1 YEAR Months 5 Days 10 | 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 Same | 11. BIRTHPLACE (City and state or country) Chariton, Iowa |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME George Hatfield | |
| 14. MOTHER'S MAIDEN NAME Etta Lane | | 15. NAME OF HUSBAND OR WIFE N. J. Parker | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | | 17. SOCIAL SECURITY NO. None | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon | | INTERVAL BETWEEN ONSET AND DEATH 11 mo. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 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 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 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 Feb 1962 to present and last saw her Jan 26, 1963 Death occurred at 7:10 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Clara A. Lighty MD</i> | | 22b. ADDRESS Shelbina, Mo. | |
| 22c. DATE SIGNED 1/28/63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-29-1963 | 23c. NAME OF CEMETERY OR CREMATORY Community Mausoleum | 23d. LOCATION (City, town, or county) (State) Shelbina, Missouri |
| 24. FUNERAL DIRECTOR Barkeley & Davis Shelbina, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-29-63 | 26. REGISTRAR'S SIGNATURE <i>Margaret Simpson</i> |

USE BLACK INK OR TYPEWRITER RIBBON

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 James O. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina, 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.

Sealed Permit 1-28-68 - Md