

No. 300
10-47
1-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33858

FILED OCT 26 1948

State File No. _____

Registration District No. 378

Primary Registration District No. 6074

Registrar's No. 335

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Desloge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 N. Maine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. 309 N. Maine
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lee Andrew Parker

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Francis Parker 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 22 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 22 If less than one day
hr. min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

12. Name Andrew Parker
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Parker
(b) Address 309 N. Maine Desloge, Mo.

17. (a) Burial (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Meo. Pk.

18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.

19. (a) 10-22-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1948 hour 9 minute 45p M.

21. I hereby certify that I attended the deceased from Aug 10, 1948, to Oct 19, 1948.
that I last saw him alive on 10-19, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 2 Days

Due to _____

Due to arterio-sclerotic degeneration

Other conditions arterio-sclerotic changes
(Include pregnancy within 3 months of death)

Major findings:
Of operations 929
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature H. O. Seabe (M. D. or other) _____
Address Desloge, Mo. Date signed 10-20-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

NOV 18 1948

RECEIVED

District Health Officer No. 4
District File Number 1048-1326
Date Filed 10-25-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. T. Soyuz
Licensed Embalmer No. 3660
P. O. Address Keokuk, 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 this body is not embalmed, fact should be so stated above.