

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8212

BIRTH NO. 48-79274 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 30255 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains	
c. LENGTH OF STAY (in this place) 2 Mo.		d. STREET ADDRESS (If rural, give location) 322 Summitt Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 322 Summitt Ave.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CLIFFORD	b. (Middle) DARRELL	c. (Last) PARKER	(Month) MAR	(Day) 3	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH JAN. 2, 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) West Plains, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Clifford Parker	13b. MOTHER'S MAIDEN NAME Naoma Burge	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clifford Parker, West Plains, Mo.	ADDRESS West Plains, Mo.
--	-------------------------	---	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGENITAL HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 45-44		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 2, 1949**, to **Mar 3, 1949**, that I last saw the deceased alive on **Mar 3, 1949**, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert A. Miller	(Degree or title)	23b. ADDRESS 218 So. Main West Plains, Mo.	23c. DATE SIGNED 5 Mar 49
---	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1949 MARCH 6	24c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.	24d. LOCATION (City, town, or county) (State) West Plains, Mo.
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. 3-9-49	REGISTRAR'S SIGNATURE Beatrice Cook	379	25. FUNERAL DIRECTOR'S SIGNATURE Neal Shombough	ADDRESS West Plains, Mo.
---	---	-----	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-14-49

District Health Officer No. 5,

District File No. 349-204

Date Filed 3-21-49

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.

Signed Hal Thompson

Signed _____
Student Embalmer

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.