

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10509
2774

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Saint Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2609 S. Grand</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Home,</u>				d. STREET ADDRESS (If rural, give location) <u>2609 S. Grand</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar V.</u> b. (Middle) _____ c. (Last) <u>Parkinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1949.</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 25, 1861</u>		
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>not known</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Centralia, Ill.</u>		12. COUNTRY OF WHAT CITIZEN? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William M. Parkinson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Cunningham</u>			14. NAME OF HUSBAND OR WIFE <u>Mora Parkinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Azbell, 2609 S. Grand Blvd.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ascending Colon with metastases to liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Htoe</u> <u>112X</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>	
19a. DATE OF OPERATION <u>Feb. 1948</u> <u>Jan. 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ascending Colon</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>		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) (Minute) _____ 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 <u>Dec 1948</u> to <u>Mar 26, 1949</u> , that I last saw the deceased alive on <u>Mar 25, 1949</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edward Welshing, M.D.</u>				23b. ADDRESS <u>3903 Olive St. Louis 8</u>		23c. DATE SIGNED <u>3-26-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia, Ill.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL <u>MAR 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Craig, 4700 Washington -8-</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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

Robert M Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *H. Paul M*

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.