

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1949

State File No. _____

No. 300
10-78

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

BIRTH NO. _____ REG. DIST. NO. 3584 PRIMARY REG. DIST. NO. 4519 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Okl</u> b. COUNTY <u>977</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>34</u> OR TOWN <u>Dewey</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Dietrich Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>		b. (Middle)	
		c. (Last) <u>PARKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 19 1949</u>			
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 7 1902</u>
9. AGE (In years last birthday) <u>47</u>		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil field worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Joe E. Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth ?</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>More Funeral Home</u>		ADDRESS <u>Bartlesville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation from smoke</u> 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. <u>Cor. 15 Co. 40</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cabool Jail</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cabool 107 Texas mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) <u>Mar. 19 1949 8:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Bedding caught fire in jail</u>			
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at about <u>7 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gaynell Cunningham</u> (Degree or title) <u>Cor.?</u>		23b. ADDRESS <u>Cabool mo.</u>	
23c. DATE SIGNED <u>March 19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>		24b. DATE <u>March 19-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dewey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dewey Okla.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-49</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Wilt</u>		ADDRESS <u>Cabool mo.</u>	

RECEIVED

District Health Officer No.

District File Number 349225

Date Filed 3-31-49

APR 7 1949

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 _____
Student Embalmer

Signed Gaylord V. Elliott
Licensed Embalmer No. 225-2
P. O. Address Above

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.