

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22842

State File No. \_\_\_\_\_

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Clark</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewis Co. Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyaconda, Mo.</u>		23 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wyaconda, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BOBBE LEWIS</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 19, 1893</u>		9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>29</u> IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lewis County, Mo. ( )</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Wilber Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Mar 3, 18 Aug 16</u>		16. SOCIAL SECURITY NO. <u>199 6-499-01-1597</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Parker Wyaconda Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Loban pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</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>WYOX</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			120! AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>1</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>5-06-49 5:05 p.m.</u>		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>May 1, 1949</u> , to <u>May 18, 1949</u> , that I last saw the deceased alive on <u>May 18, 1949</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>B. F. Hitelevision, D.O.</u>			23b. ADDRESS <u>Wyaconda, Mo.</u>		23c. DATE SIGNED <u>7/20/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wyaconda, MO.</u>
DATE REC'D BY LOCAL REG. <u>7-21-49</u>		REGISTRAR'S SIGNATURE <u>J. W. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1101 S. 1st St Wyaconda</u>	

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RECEIVED JUL 25 1949  
District Health Officer No. 10  
District File Number 7-49-13  
Date Filed JUL 25 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. V. Baskett*

Signed.....  
Student Embalmer

Licensed Embalmer No..... 1817

P. O. Address: W. Y. A. ...

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.