

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27457

27457

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		67	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>23</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MATTIE</u>	b. (Middle) <u>NOBLE</u>	c. (Last) <u>PARKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 7, 1884</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>65 7 5</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 2 HRS. Hours	12. IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>New Madrid Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph England</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Palston</u>	14. NAME OF HUSBAND OR WIFE <u>William J. Parker</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>William J. Parker</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric ulcer</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>vomiting of food</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5400</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 1st, 1949 to 12th, 1949 that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Martin M.D.</u> (Degree or title)	23b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>8-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug. 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miss. County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 9/49</u>	REGISTRAR'S SIGNATURE <u>Anna Harper</u>	1949	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby East Prairie, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

67

Dr. A. Martin

JUL 14 1953

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

Norris Shelby

Licensed Embalmer No. *272*

P. O. Address *East Prairie, 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.