

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32802

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>161</u>			
1. PLACE OF DEATH a. COUNTY <u>VERNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u>				b. COUNTY <u>VERNON, MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>		c. LENGTH OF STAY (In this place) <u>1</u> <u>3</u> <u>DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTEVALLO, MO.</u>				d. STREET ADDRESS <u>OF usual, give location</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSPITAL</u>				3. NAME OF DECEASED a. (First) <u>DOSIA</u>				b. (Middle) <u>WOODY</u>	
				c. (Last) <u>PARKER</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>28</u> (Year) <u>49</u>			
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>9-9-1877</u>		9. AGE (In years - last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cedar Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>JAMES RECTOR</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH RECTOR</u>			14. NAME OF HUSBAND OR WIFE <u>J. B. PARKER</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Woody, Monteville Mo.</u>				ADDRESS	
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>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio Sclerosis</u>				<u>6 yrs</u>	
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7201</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</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)		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>25 Sept, 1949</u> , to <u>28 Sept, 1949</u> , that I last saw the deceased alive on <u>27 Sept, 1949</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ray W. Pearce, M.D.</u>				23b. ADDRESS <u>Nevada, Mo.</u>				23c. DATE SIGNED <u>30 Sept 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>			
DATE REC'D BY LOCAL REG <u>Sept. 30-49</u>		REGISTRAR'S SIGNATURE <u>Nathaniel H. Pearce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Terrell Beery</u>		ADDRESS <u>2260</u>			

(If used Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1180

Date Filed 10-3-49

**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.

Student .....  
Student Embalmer

Signed L. Gerald Beene

Licensed Embalmer No. 4205

P. O. Address Shelton, 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.