

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 277

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	
c. LENGTH OF STAY (in this place) 43 Years		d. STREET ADDRESS (If rural, give location) 105 West Elk Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 West Elk Street			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) Mae c. (Last) Parker			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 29, 1877
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Halls Mo. D
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Mac. Hazard		13b. MOTHER'S MAIDEN NAME Mary Edwards	14. NAME OF HUSBAND OR WIFE John H.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Parker 105 West Elk St.
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) ARTERIOSCLEROTIC HEART DISEASE  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS GENERAL  DUE TO (c) —  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHOLECYSTITIS, CHRONIC	
INTERVAL BETWEEN ONSET AND DEATH Unknown  4-20-71  UNKNOWN			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 3-24, 1949, to 1-15, 1950, that I last saw the deceased alive on 1-14, 1950, and that death occurred at 7:00 AM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Allen Siderman M.D.		23b. ADDRESS St. Joseph Mo 620 FRANCIS ST.	
23c. DATE SIGNED 1-16-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 18-1950	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. Jan 20, 1950	REGISTRAR'S SIGNATURE G. B. Jenkins	382 FUNERAL DIRECTOR'S SIGNATURE Herman W. Siderman	ADDRESS 1802 Union St

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.

Student .....  
Student Embalmer

Signed.....

*Robert H. Gable*

Licensed Embalmer No. 3308

P. O. Address. St Joseph, 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.