

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48
550
FILED FEB 27 1950
State File No. 5293

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 3037 Registrar's No. 293

1. PLACE OF DEATH a. COUNTY <u>Laurance</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laurance</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McVernon Rt I</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McVernon</u> 0530		
c. LENGTH OF STAY (in this place) <u>lifetime</u>			d. STREET ADDRESS (If rural, give location) <u>Route I</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home McVernon Rt I</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Carney</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 24 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May-18-1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laurance Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Amos Franklin Carney</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Stockard</u>	14. NAME OF HUSBAND OR WIFE <u>Mark Parker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mark Parker</u> ADDRESS <u>McVernon, Mo. Rt I</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Wks</u> <u>10 days</u> <u>331X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan. 1939, to Jan. 24, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Genieth Glover MD</u> (Degree or title)	23b. ADDRESS <u>McVernon, Mo</u>	23c. DATE SIGNED <u>1/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground</u>
24d. LOCATION (City, town, or county) (State) <u>Chesapeake, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J. Fossett</u> ADDRESS <u>McVernon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 20, 1950</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> 411	

Cecil Hendricks Licensed Embalmer's Statement on Reverse Side

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

FEB 27 10 50

RECEIVED FEB 21 1950

District Health Office No. 6,

District File Number 250-248

Date Filed 2-21-50

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Wilmington, 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.