

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17144

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

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>156</u>   |  | PRIMARY REG. DIST. NO. <u>2001</u>   |  | Registrar No. <u>251</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Joplin</u>   |  | c. LENGTH OF STAY (In this place)<br><u>41 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Joplin</u>  |  | <u>8495</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2526 Adelia</u>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>2526 Adelia</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Mary</u>  |  | b. (Middle) <u>Abbie</u>   |  | c. (Last) <u>Parker</u>   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 17 1950</u>                     |  |
| 8. DATE OF BIRTH <u>July 1, 1872</u>  |  | 9. AGE (In years last birthday) <u>77</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 24 HRS.<br>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 <u>Own home</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Boston, Mass</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>S. W. Gray</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Josephine Merryman</u>   |  | 14. NAME OF HUSBAND OR WIFE _____  |  |   |  |
| 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. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>George Parker 2202 Harlem</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancerous Pancreas</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>prolonged stomach and gall bladder fever</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Hypertensive</u><br><u>Arteriosclerosis</u><br><u>Heart Disease</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mo</u><br><u>157X</u><br><u>1 year</u> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 20. AUTOPSY?<br>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) _____   |  | 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>Apr 27, 1949</u> to <u>May 7, 1950</u> , that I last saw the deceased alive on <u>May 16, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>Joseph E. Hunsaker</u>  |  | 23b. ADDRESS <u>708 Jasper Bldg. Joplin Mo.</u>   |  | 23c. DATE SIGNED <u>May 18-50</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>5-20-1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>                 |  |
| DATE REC'D BY LOCAL REG. <u>5-20-50</u>   |  | REGISTRAR'S SIGNATURE <u>Edw. James</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker-Hunsaker Mortuary Joplin Mo.</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED 5-29-50  
Jasper County Health Office

County File Number 50-5-431

Date Filed 5-29-50

**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.

Signed F. M. Jones

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.