No. 300
10.48

41

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19205

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN GROVE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: MISSOURI
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN GROVE, MO. 1141
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WESLEY
c. (Last): PARKER

4. DATE OF DEATH (Month) (Day) (Year): MAY 16 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: MAY 24 1892
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 11, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STAVE MILL WORKER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DADE CO. MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JAMES PARKER
13b. MOTHER'S MAIDEN NAME: MARGARET DURBIN
14. NAME OF HUSBAND OR WIFE: ELSIE PARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 495-07-7489
17. INFORMANT'S SIGNATURE OR NAME: ELSIE PARKER — ADDRESS: MTN GROVE, MO.

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): Suffocation Due
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): to Drowning
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E9214 42

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 114
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at Lake City
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn. Grove, Wright, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 15 16 1950 unknown m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell into lake and drowned

22. *I hereby certify that I ~~attended the~~ viewed the Remains deceased from _____, 19___, to _____, 19___, that I last saw the deceased ~~alive~~ on May 16, 1950, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas F. Gauldin, Coroner (Degree or title)
23b. ADDRESS: Norwood, Mo.
23c. DATE SIGNED: 5/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: 5-21-50
24c. NAME OF CEMETERY OR CREMATORY: HILL CREST
24d. LOCATION (City, town, or county) (State): MTN GROVE, MO.

DATE REC'D BY LOCAL REG.: 5-22-50
REGISTRAR'S SIGNATURE: A. C. Ames 348 0
25. FUNERAL DIRECTOR'S SIGNATURE: Grable-Windle — ADDRESS: Mtn Grove, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1950
JUL 27 1950
RECEIVED MAY 29 1950
WRIGHT CO. HEALTH DEPT.
County File Number 550-71
Date Filed 5-31-50
OCT 4 1962

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mtn Grove, 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.