

FILED JUN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19983

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany, Rural</u>		c. LENGTH OF STAY (in this place) <u>14 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany Rural</u>		1410			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrison County Home</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mile west of Bethany</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>			b. (Middle) <u>(Do Not Know)</u>		c. (Last) <u>Parker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 50</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 8, 1988</u>	9. AGE (In years last birthday) <u>.62</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>do not know</u>			13b. MOTHER'S MAIDEN NAME <u>do not know</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bert Nickerson, Bethany, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Fractured hip</u> DUE TO (b) 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>subject to many falls</u>					
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>(Dwarf) Fall in yard on hip</u>					
22. I hereby certify that I attended the deceased from <u>4-14</u> , 19 <u>50</u> to <u>4-15</u> , 19 <u>50</u> that I last saw the deceased alive on <u>4-15</u> , 19 <u>50</u> and that death occurred at <u>10 AM</u> on <u>4-15</u> , 19 <u>50</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>D. Steel</u> (Print name or title)				23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>County home cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-17-50</u>		REGISTRAR'S SIGNATURE <u>Zola Burres</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. New</u>		ADDRESS <u>Bethany Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*MBH*

Licensed Embalmer No.

*3899*

P. O. Address

*Bethany 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.