

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23783

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Twp</u>		c. LENGTH OF STAY (in this place) <u>4 1/2</u> <u>11M-7D</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		<u>0484</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Home</u>				d. STREET ADDRESS (If rural, give location) <u>228 Southside Boulevard</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First)		b. (Middle) <u>EDGAR</u>		c. (Last) <u>PARKER</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u> <u>U</u>		8. DATE OF BIRTH <u>10-23-1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	
11. BIRTHPLACE (State or foreign country) <u>Independence, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Robert J. Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Harrington</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home, Rt. #4, Indep. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease & Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebrovascular Accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>4 1/2</u> <u>years</u> <u>years</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence, Mo.</u>		21d. HOW DID INJURY OCCUR? <u>463Y</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>June 9, 1950</u> , to <u>July 10, 1950</u> , that I last saw the deceased alive on <u>July 10, 1950</u> , and that death occurred at <u>8:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Harrison</u>		U (Degree or title)		23b. ADDRESS <u>West Paul Bell</u> <u>Independence, Mo.</u>		23c. DATE SIGNED <u>7/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JULY 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. C. Samshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>378</u> <u>Roland R. Speaks</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 9 1959

JUL 19 RECD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Stanley M. Seaton*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4504.....

P. O. Address Independende, Miss.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.