

10.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 7 1950 STANDARD CERTIFICATE OF DEATH

State File No. 25862

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4523 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Schell City	c. LENGTH OF STAY (In this place) 3	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Schell City Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1080	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) ORVILLE	c. (Last) PARKER	4. DATE OF DEATH (Month) (Day) (Year) July 14 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 1, 1883	9. AGE (In years last birthday) 66	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 12 HRS. Hours	if UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Pike Co Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME D. PARKER	13b. MOTHER'S MAIDEN NAME Sylvina Toland	14. NAME OF HUSBAND OR WIFE ORPHA PARKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Orpha Parker	ADDRESS Schell City Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood pressure DUE TO (c) Nephritis		331x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy prostate			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/10, 1950**, to **7/13, 1950**, that I last saw the deceased alive on **7/13, 1950**, and that death occurred at **8:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. O. Bierke, D.O.	V (Degree or title)	23b. ADDRESS Rockville	23c. DATE SIGNED 7/12/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-17-1950	24c. NAME OF CEMETERY OR CREMATORY Wm. Vernon	24d. LOCATION (City, town, or county) (State) Walker Mo
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DATE REC'D BY LOCAL REG. July 17 1950	REGISTRAR'S SIGNATURE Mrs Sarah E. Traub	4529	25. FUNERAL DIRECTOR'S SIGNATURE Al Waggoner	ADDRESS Harwood Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750-886

Date Filed 7-31-50

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 Oliver G. G. G.

Licensed Embalmer No. 2709

P. O. Address Haxwood, 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.