

FILED NOV 30 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 28198

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>365</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>G.</u>		c. (Last) <u>PARKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 8, 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 20-1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 11 WKS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u>		11. BIRTHPLACE (State or foreign country) <u>Belgrade, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Parkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fern Ketcherside Farmington, Mo Rt-1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>					<u>68244</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Fractured rt femur</u>					<u>320</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>3urks.</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>094</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 14 1950 10<sup>00</sup> AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Patient fell out of truck door, was not fastened</u>			
22. I, hereby certify that I attended the deceased from <u>Oct 4, 1950</u> , to <u>Nov 8, 1950</u> , that I last saw the deceased alive on <u>Nov 8, 1950</u> , and that death occurred at <u>9:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Foster</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Desloge, Missouri</u>		23c. DATE SIGNED <u>11-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rueloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SPARKS Flat River, Mo</u>		<u>289</u>	

(Licensed) Embalmer's Statement on Reverse Side

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

0941  
✓

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 19 1950  
RECEIVED

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 Murphy J. Parks

Signed .....  
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Art River 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.