

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41859**

FILED JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Finney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Insp. Richmond Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garden City	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 1111 North 11th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hearrold Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Ora b. (Middle) Dell c. (Last) Parker	4. DATE OF DEATH (Month) (Day) (Year) December 22, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 17, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 10 Days 5	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME H.B. Meffert	13b. MOTHER'S MAIDEN NAME Lydia Dell Tunks	14. NAME OF HUSBAND OR WIFE J.W. Parker
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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 Berl Meffert	ADDRESS Bravmer, Missouri
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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		2 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and DUE TO (c) Arteriosclerosis		± 10 yrs. ± 10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3 = IX			

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) (Min.) -----	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 Oct. 29, 1950, to Dec. 22, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE H.C. Johnson M.D.	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 12/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-28-1950	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Garden City, Kansas
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DATE REC'D BY LOCAL REG. Dec 26-50	REGISTRAR'S SIGNATURE Malcolm Jackson	273	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

390



FEB 28 1957

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

Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.