

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

666

State File No. \_\_\_\_\_

2290

BIRTH NO. 1-17-57 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5335 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Dade</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marion Twp.</b>		c. LENGTH OF STAY (in this place) <b>44 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Golden City Rural Marion Twp.</b>		d. STREET ADDRESS (If rural: give location) <b>R.F.D. 1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) <b>ILAH</b> b. (Middle) <b>RUTH</b> c. (Last) <b>PARKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1906</b>	9. AGE (In years) (last birthday) <b>44</b>	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <b>7 14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Dade Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>E.S. John</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Maddox</b>		14. NAME OF HUSBAND OR WIFE <b>Earl C. Parker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Earl C. Parker Golden City, Mo.</b>		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerosis</b>  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH  <b>4200</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 1946, 19  , to   , 19  , that I last saw the deceased alive on Nov 8, 1950, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Rudolf Keupp</b> (Degree or title)		23b. ADDRESS <b>Golden City, Mo.</b>		23c. DATE SIGNED <b>1/17/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Jan. 18, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Golden City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-17-51</b>	REGISTRAR'S SIGNATURE <b>Geo. L. Weir 79</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Phillips Funeral Home Golden City Mo.</b>		

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 22 1951

Dist. File 151-186

Date Filed 1-22-51

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 H. G. Bugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.