

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36597

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 8 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1028 South S. ring St.		d. STREET ADDRESS (If rural, give location) 1028 South Spring St.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lucinda c. (Last) Parker			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH January 5, 1881		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) near Blodgett, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME William Raglin		13b. MOTHER'S MAIDEN NAME Mary Robertson		14. NAME OF HUSBAND OR WIFE Joseph H. Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cline Walters Cape Gir., Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u> ANTECEDENT CAUSES <u>CARCINOMA of UTERUS.</u> DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
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 174X				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)			
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 2-10, 1951, to 11-10, 1951, that I last saw the deceased alive on 11-8, 1951, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>At Fucette</i>		(Degree or title) Cape Girardeau, Mo.		23b. ADDRESS 11/16/51		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cent.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	

DATE REC'D BY LOCAL REG. 11-16-51		REGISTRAR'S SIGNATURE <i>T. C. Summers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Heward B. Harmon</i>		ADDRESS Cape Gir., Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

164

APR 1 1951

RECEIVED

NOV 19 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

**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 Howard B. Herman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau,

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.