

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40756**

FILED JAN 11 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1372

1. PLACE OF DEATH a. COUNTY Buchanan <u>D117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>D117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If rural, give location) 2403 So. 2nd St. <u>N</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Shirley b. (Middle) _____ c. (Last) Parker			4. DATE OF DEATH (Month) (Day) (Year) December 30, 1951		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sept. 9, 1948		9. AGE (In years last birthday) 3 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) child			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri <u>D</u>		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George B. Parker		13b. MOTHER'S MAIDEN NAME Mildred Nelson		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. George Parker ADDRESS 2403 S. 2nd, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis, Etiology unknown Other conditions. Other conditions. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Upper respiratory infection/ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Unknown 1 week	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 3403	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 10-9- 1950, to 12-30, 1951, that I last saw the deceased alive on 12-29- 1951, and that death occurred at 10:45p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Carroll C. Coats</i> (Degree or title) _____		23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 1-4-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/2/1952		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 8, 1952 <i>Carroll C. Coats</i>		25. FUNERAL DIRECTOR'S SIGNATURE Neaton-Bourman Funeral Home		ADDRESS St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Student Embalmer

Signed *W E Edmouster*.....

Licensed Embalmer No. *4791*.....

P. O. Address *319 So 11 St Memphis*.....

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.