

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43807

FILED DEC 17 1951

BIRTH NO. REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 1205 Registrar's No.

1070

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

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u> Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hattie Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hattie, Missouri</u> <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>1070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>E</u> c. (Last) <u>Parker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1951</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 13 1855</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jamestown Ind</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>Wm. L Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Emily C Palmer</u>	14. NAME OF HUSBAND OR WIFE <u>L.W. Parker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gladys Payne Hattie Mo</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis of throat?</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adv. Arterio Sclerosis</u> DUE TO (c)		<u>10 yrs</u>
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 <u>4500</u>	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) (Min.)	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 Sept 30, 1951, to Oct 6, 1951, that I last saw the deceased alive on Sept 6, 1951, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Dennis</u>	23b. ADDRESS <u>Mtn View Mo</u>	23c. DATE SIGNED <u>11-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cem,</u>	24d. LOCATION (City, town, or county) (State) <u>Texas County Mo</u>

DATE REC'D BY LOCAL REG. <u>2-27-52</u>	REGISTRAR'S SIGNATURE <u>Anne Roberts</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo</u>
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4-c. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 12 1937

D. S. File 1257-3102

Date Filed 1222-536

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 Joe F. Duncan
Licensed Embalmer No. 4325
P. O. Address W. W. View, 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.