No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29050

FILED AUG 23 1952 REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6004 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Found Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1½ mile north Saverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quincy 8120
d. STREET ADDRESS (If rural, give location): 225½ North Fifth 8

870 3

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): Earl
c. (Last): Parker

4. DATE OF DEATH (Month) (Day) (Year)

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 19, 1893
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inventor & Designer
10b. KIND OF BUSINESS OR INDUSTRY: Gas Products Corp.
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: C C Parker
13b. MOTHER'S MAIDEN NAME: Minnie Patterson
14. NAME OF HUSBAND OR WIFE: Vera Parker

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 ADDRESS

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) Death Due to

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning,

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mississippi River
21c. (CITY, TOWN, OR TOWNSHIP) West Quincy, (COUNTY) Marion, (STATE) Ills.
21d. TIME OF INJURY (Month) (Day) (Year) June 29 1952 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Unknown.

22. I hereby certify that I attended the deceased from Aug 1952 to Aug 1952 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE Clyde Wickey (Degree or title): Coroner
23b. ADDRESS Perry Co. Ralls Co.
23c. DATE SIGNED 8/7/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/8/52
24c. NAME OF CEMETERY OR CREMATORY: Edna
24d. LOCATION (City, town, or county) (State): Edina Missouri

DATE REC'D BY LOCAL REG.: 8-8-1952
REGISTRAR'S SIGNATURE: Grace Conn, 470-
FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1952

OCT 10 1952

VS SEP 11 1959

AUG 2 [illegible]

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

This body was not embalmed, Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed W. Crawford Smith

Licensed Embalmer No. 7914

P. O. Address Hannibal Missouri

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.