

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35719

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

FILED OCT 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 74

0672

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

1. PLACE OF DEATH a. CITY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	c. LENGTH OF STAY (In this place) <u>July</u> <u>20 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> <u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, W. Marshall St.</u>		d. STREET ADDRESS (If rural, give location) <u>West Marshall St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Columbus</u>	b. (Middle) <u>Phillip</u>	c. (Last) <u>Parker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1952</u>
-------------------------------------	----------------------------	----------------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March, 20, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Timber Worker</u>	11. BIRTHPLACE (State or foreign country) <u>Garland County, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>Davis Parker</u>	13b. MOTHER'S MAIDEN NAME <u>Effie Melton</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia Parker</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lydia Parker, Charleston, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>arteriosclerosis,</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>hypertension</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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) _____	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 1949, 19  , to Sept 30, 1952, that I last saw the deceased alive on Sept 30, 1952 and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>D. P. Fulton D.O.</u>	23b. ADDRESS <u>Wyatt Mo</u>	23c. DATE SIGNED <u>10-8-52</u>
---	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
---	-----------------	--	--

DATE REC'D BY LOCAL REG. <u>10-9-52</u>	REGISTRAR'S SIGNATURE <u>Jean Gancher</u> <u>480</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward E. ...</u>	ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>
---	--	---	---

OCT 16 REC

RECEIVED

Miss. Co. Health Dept.

County File No.

Date Filed OCT 17 1952

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

*John P. Hummel*

Licensed Embalmer No. 3851

P. O. Address Charleston, W. Va.

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.