

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38120

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

38

No. 300

10.48

FILED DEC 15 1952

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PRIMARY REG. DIST. NO. 4157 Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 4157		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Crawford</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Steelville</b>		c. LENGTH OF STAY (In this place) <b>26 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Steelville Mo 0280</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>His home</b>				d. STREET ADDRESS (If rural, give location) <b></b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rainey</b> b. (Middle) <b>Colwell</b> c. (Last) <b>Parker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 6 1952</b>						
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 15, 1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHYSICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Physician</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cherryville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Waller Parker</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Bowers</b>		14. NAME OF HUSBAND OR WIFE <b>Adelia Parker</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Adelia Parker</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Virus pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>492X</b>				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)		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 <b>Nov 18, 1952</b> , to <b>Dec 6, 1952</b> , that I last saw the deceased alive on <b>Dec 6, 1952</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>W. H. Robey</b> (Degree or title)				23b. ADDRESS <b>Steelville Mo</b>		23c. DATE SIGNED <b>2/12/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec. 9, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>steelville</b>		24d. LOCATION (City, town, or county) (State) <b>Steelville Mo.</b>			
DATE REC'D BY LOCAL REG. <b>12-12-52</b>		REGISTRAR'S SIGNATURE <b>W. H. Robey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JONAS FUNERAL HOME</b>					

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 \_\_\_\_\_

Henry M. Jones Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Henry M. Jones  
Licensed Embalmer No. 3628

P. O. Address Stebilly 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.