

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40586**
Registrar's No. **10570**

FILED DEC 2 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 802 N Jefferson	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) c. (Last) Parker		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14 1952	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 25, 1889
9. AGE (In years last birthday) 63	10. MONTHS 0	11. DAYS 19	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butler - Custodian		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Rolla, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Parker		13b. MOTHER'S MAIDEN NAME Sedonia Blackwell	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Addie L. Parker	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Intestinal Obstruction		17. ADDRESS 6217 Wells Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Intestinal Obstruction		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction INTERVAL BETWEEN ONSET AND DEATH Undet.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 570.5		22. I hereby certify that I attended the deceased from 6-23 , 19 52 , to 11-14 , 19 52 , that I last saw the deceased alive on 11-14 , 19 52 , and that death occurred at 12:40 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Herbert J. Harris, M.D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 11-17-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Nov. 18, 1952		24c. NAME OF CEMETERY OR CREMATORY Rolla	
24d. LOCATION (City, town, or county) (State) Rolla Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son	
DATE REC'D BY LOCAL REG. NOV 17 1952		25. ADDRESS 3133 Bell Ave.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2198

P. O. Address 5769 Chouteau

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.