

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18691**

FILED MAY 18 1953

REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **9318** Registrar's No. **15**

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

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Bayard c. (Last) Parker		4. DATE OF DEATH (Month) (Day) (Year) May 10, 1953.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1885
9. AGE (In years last birthday) 67		10. MONTHS 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Prison Guard	
11. BIRTHPLACE (City and State or Foreign Country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Columbus Parker		13b. MOTHER'S MAIDEN NAME Arizona Tyler	
14. NAME OF HUSBAND OR WIFE Oma Parker		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. 499-03-7418		17. INFORMANT'S SIGNATURE OR NAME W. C. Parker	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 Immediate ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 8/24/46 , 19 46 to 3/30/ , 19 53 , that I last saw the deceased alive on 5/8/ , 19 53 , and that death occurred at 4:15 P. m., from the causes and on the date stated above.	
23a. SIGNATURE L. C. Howard		23b. ADDRESS Vienna, Missouri	
23c. DATE SIGNED 5/11/53		23d. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	
23e. LOCATION (City, town, or county) (State) Vienna, Mo.		23f. DATE 5/12/53	
23g. NAME OF CEMETERY OR CREMATORY Vienna Cemetery		23h. LOCATION (City, town, or county) (State) Vienna, Mo.	
DATE REC'D BY LOCAL REG. 5-19-53		REGISTRAR'S SIGNATURE Pauline Howard	
DIRECTOR'S SIGNATURE W. C. Birmingham		ADDRESS Vienna, Mo.	

MAY 18 1953

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 W. B. Birmingham

Licensed Embalmer No. 3664

P. O. Address Union

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.