

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25070

State File No.

3557

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>3401 PROSPECT AVENUE N</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EARLE</u> c. (Last) <u>PARKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-16-1953</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>AUG-29-1885</u>	
9. AGE (In years last birthday) <u>67</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISPLAY CARDS</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>WINDOW DECORATING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MENDON MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JOHN H. PARKER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHRYN MELSINGER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. LOTTA C. PARKER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-16-6571</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lotta C. Parker</u> ADDRESS <u>3401 PROSPECT AVENUE N. KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)							
<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest during anesthesia</u> INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>Papillary carcinoma of left renal pelvis</u> <u>Known for 2 wks.</u></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION <u>7-16-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>autopsy findings as listed above</u>					
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)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>7-1</u> , 19 <u>53</u> , to <u>7-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-16</u> , 19 <u>53</u> , and that death occurred at <u>9:15 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Raymond W. Stockton</u> (Degree or title) <u>Stockton, M.D.</u>				23b. ADDRESS <u>411 Nichols Road K9 mo.</u>		23c. DATE SIGNED <u>7-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JULY-18-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-18-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Robert C. Herron*.....

Licensed Embalmer No. *484*.....

P. O. Address *K. P. N.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.