

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25835

State File No. ....

FILED AUG 4 - 1953

BIRTH NO. 44574-52 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural: Braggadocio Twp.</u> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural: Braggadocio Twp.</u> )	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location). <u>Gobler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Gobler</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patsie</u> b. (Middle) <u>Livone</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>July 12, 1953</u>		9. AGE (In years last birthday) <u>11</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>John Eddie Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Jennings</u>		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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Allen Little</u>	
ADDRESS <u>Gobler, Mo.</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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?	

22. I hereby certify that I attended the deceased from 7-24, 1953, to 7-25, 1953, that I last saw the deceased alive on 7-25, 1953, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Tarver</u>		23b. ADDRESS <u>M.D. Kennett, Mo.</u>		23c. DATE SIGNED <u>7/25/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gobler Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Gobler Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-28-53</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson</u>		ADDRESS	

8-243-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

AUG 1 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

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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