

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31012

State File No.

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>246</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Columbia</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 1 0180</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u>			b. (Middle) _____			c. (Last) <u>PARKER</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 19 53</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>Jan 13th 1903</u>		9. AGE (In years last birthday) <u>50</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Roanoke Mo</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Roanoke Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Walter Dameron</u>			13b. MOTHER'S MAIDEN NAME <u>Maud Cooper</u>			14. NAME OF HUSBAND OR WIFE <u>Ned Parker</u>			
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 ADDRESS <u>Ned Parker Columbia Mo.</u>					
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u>				DUE TO (b) <u>Hypertensive cardiovascular disease</u>				<u>Days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>malignant hypertension</u>				<u>3 yrs ?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>① obesity ② emphysema ③ arteriosclerosis</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>441-X</u>				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 <u>16 Sep, 1953</u> , to <u>19 Sep, 1953</u> , that I last saw the deceased alive on <u>18 Sep, 1953</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Elvie P. Rodgers, M.D.</u>				23b. ADDRESS <u>9101 W. Broadway</u>		23c. DATE SIGNED <u>19 Sep 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>Sept 22-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept 21 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart D. Parker</u>		ADDRESS <u>Columbia Mo.</u>			

WRITE PLAINLY—USING UNFADING INK

KS MAR 24 1966

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

Stuart D. Parkes

Licensed Embalmer No.

2900

P. O. Address

Columbus, W.

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

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