

STANDARD CERTIFICATE OF DEATH

34748

FILED OCT 9 1953

State File No. 156
Registrar's No. 156

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) 2 Day	c. CITY OR TOWN New Madrid
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Sebastian c. (Last) Parker		4. DATE OF DEATH (Month) (Day) (Year) 9-27-1953	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-9-1879
9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Martin, Tennessee
12. CITIZEN OF WHAT COUNTRY? New Madrid		13. MOTHER'S MAIDEN NAME	
13a. FATHER'S NAME John Fletcher Parker (dec.)		14. NAME OF HUSBAND OR WIFE Nora Parker, (Deceased)	
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. No.	
17. INFORMANT'S SIGNATURE OR NAME Wilbert Ray Longview Texas		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease 2 yrs.</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4200	
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>9-25</u> , 19 <u>53</u> , to <u>9-27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/27</u> , 19 <u>53</u> , and that death occurred at <u>1:15 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE E. D. Urban M.D.		23b. ADDRESS Sikeston	
23c. DATE SIGNED 9/30/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 29-1953	
24c. NAME OF CEMETERY OR CREMATORY Luther		24d. LOCATION (City, town, or county) (State) New Madrid, Mo	
DATE REC'D BY LOCAL REG. 10-1-53		REGISTRAR'S SIGNATURE Mrs. Kell Hunter 429	
FUNERAL DIRECTOR'S SIGNATURE E. S. Helgen		ADDRESS New Madrid	

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

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RECEIVED OCT 5 1953
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1053.227

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 *Leo Hidy*.....
Licensed Embalmer No. 3803.....

P. O. Address *New Madison*.....

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:..