U.S. No. 300
REV. 10.48

0330

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38658

FILED NOV 19 1953

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5388 Registrar's No. 88

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

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Short Bend
c. LENGTH OF STAY (in this place): 70yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Bangert
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): So. Bangert Post office 0330

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): E
c. (Last): Parker

4. DATE OF DEATH (Month) (Day) (Year): 11/9/53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 17/70
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and State or Foreign Country): Dent Co Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Wm Lay
13b. MOTHER'S MAIDEN NAME: Elizabeth Warren
14. NAME OF HUSBAND OR WIFE: Wm Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Sam Parker — ADDRESS: Bangert Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. 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: 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26-53, *19*___, *to* II-9-53, *19*___, *that I last saw the deceased alive on* II-8-53, *19*___, *and that death occurred at* 2:30 A, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M Hart MD
23b. ADDRESS: Salem, Mo.
23c. DATE SIGNED: II-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/11/53
24c. NAME OF CEMETERY OR CREMATORY: Farzer Cem
24d. LOCATION (City, town, or county) (State): Dent Co Mo

DATE REC'D BY LOCAL REG.: 11-11-53
REGISTRAR'S SIGNATURE: M. M. Hart, MD by MBE 83
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 237

P. O. Address Salem M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.