

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15065

State File No.

Registrar's No. 328

BIRTH NO. ... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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|---|--|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Poplar Bluff |
| d. FULL NAME OF HOSPITAL OR INSTITUTION North Grand Ave. | | STREET ADDRESS (If rural, give location) North Grand Ave. 0127/0 | |

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| 3. NAME OF DECEASED (Type or Print) William Parker | | | 4. DATE OF DEATH (Month) (Day) (Year) May 12, 1954 |
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|-------------|--------------------------|--|--------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not Married | 8. DATE OF BIRTH March 1, 1882 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-------------|--------------------------|--|--------------------------------|------------------------------------|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Of the 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) Unknown | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE None |
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| 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. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME None | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis | | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|---|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3:00A m, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Robert A. ...</i> | 23b. ADDRESS | 23c. DATE SIGNED May 24-54 |
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|--|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-21-54 | 24c. NAME OF CEMETERY OR CREMATORY City Public | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. |
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| DATE REC'D BY LOCAL REG. 5/26/54 | REGISTRAR'S SIGNATURE 484- <i>R. V. ...</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell | ADDRESS Poplar Bluff, Mo. |
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

10. 300
10. 48

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 *Grover Wheeler*.....

Licensed Embalmer No. *29*.....

P. O. Address *Opplas Bl*.....

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.