

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 499

BIRTH NO. _____		REG. DIST. NO. <u>387</u>		PRIMARY REG. DIST. NO. <u>4085</u>		Registrar's No. <u>2</u>											
1. PLACE OF DEATH a. COUNTY <u>Carroll</u> /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>													
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Hale</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY OR TOWN <u>Hale, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Home Mrs. May Case.</u>				e. STREET ADDRESS (If rural, give location) <u>0178</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>WASHINGTON</u>		c. (Last) <u>PARKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27th, 1955</u>										
5. SEX <u>M</u> <input type="radio"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>		8. DATE OF BIRTH <u>April 20, 1866</u>		9. AGE (in years last birthday) <u>88</u>		10. Months <u>9</u>		11. Days <u>7</u>		12. Hours <u></u>		13. Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Hale, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>John Parker</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ann Wilson</u>				14. NAME OF HUSBAND OR WIFE									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Otis Parker, Hale, Mo.</u>				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 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) 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 <u>Jan 25, 1955</u> , to <u>Jan 27, 1955</u> , that I last saw the deceased alive on <u>Jan 27, 1955</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>Dr. Alvin A. Alshouse, D.O.</u>						23b. ADDRESS <u>Hale, Mo</u>				23c. DATE SIGNED <u>1-28-55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/30/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hale cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Hale, Mo.</u>									
DATE REC'D BY LOCAL REG. <u>1-29-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u> <u>49-0</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin, Tina, Mo.</u>				ADDRESS							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 306
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..... *Clifford W. Austin*
Licensed Embalmer No. *323*

P. O. Address.... *Tina, Mo*

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.