

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 17

FILED JAN 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		State File No.		Registrar's No. <u>17</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>WYANDOTTE</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1637 So. Mill</u> <u>8150</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>June</u> b. (Middle) <u>B.</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-55</u>										
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>		8. DATE OF BIRTH <u>3-2-1880</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR : MONTHS	IF UNDER 1 YEAR : DAYS	IF UNDER 1 HR. : HOURS	IF UNDER 1 HR. : MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ottumwa Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				
13a. FATHER'S NAME <u>John Humphrey</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Lanman</u>			14. NAME OF HUSBAND OR WIFE <u>George Parker</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Hazel Parker, K.C. Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral malaria</u> INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral thrombosis</u> <u>5 days</u> DUE TO (c) <u>Arterio-sclerotic, embol</u> <u>indef</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u> <u>332 X</u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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>Feb</u> , 19 <u>49</u> , to <u>1 Jan</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/1/54</u> , 19 <u>54</u> and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>E. G. Neighbor</u> (Degree or title) <u>MD</u>					23b. ADDRESS <u>1420 So. 42nd St</u>			23c. DATE SIGNED <u>2 Jan 55</u>					
24a. BURIAL CREMATION REMOVAL <u>Burial</u>		24b. DATE <u>I-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lockwood Cem</u>			24d. LOCATION (City, town, or county) (State) <u>Lockwood Mo.</u>						
DATE REC'D BY LOCAL REG. <u>1-3-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Simmons K.C.K.</u>								

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

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 *Max E. Meyer*

Licensed Embalmer No. *455*

P. O. Address *K.E. K.*

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.