

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21483**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **5245** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KEYTESVILLE Imp.</b>		c. LENGTH OF STAY (In this place) <b>6 WKS</b>	c. CITY OR TOWN <b>GRANDVIEW</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chariton County Rest Home</b>		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) <b>WILLIAM</b> b. (Middle) <b>M.</b> c. (Last) <b>PARKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 29 1955</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>11-9-1878</b>
9a. USUAL OCCUPATION (Give kind of work or occupation most of working life, even if retired) <b>RETIRED</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTER</b>	9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work or occupation most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DIXON ILLINOIS</b>
13a. FATHER'S NAME <b>DONT KNOW</b>		13b. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
14. NAME OF HUSBAND OR WIFE <b>WIDOWER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LEROY PARKER</b> ADDRESS <b>GRANDVIEW Mo</b>	
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) <b>Lobar Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 hours ±</b>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>490X</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	
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 <b>July 29, 1955</b> , to <b>July 29, 1955</b> , that I last saw the deceased alive on <b>July 29, 1955</b> , and that death occurred at <b>6:15P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Carl C. Heper M.D.</b>		23b. ADDRESS <b>Keytesville Mo.</b>	23c. DATE SIGNED <b>8/2/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-31-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST BARNABAS</b>	24d. LOCATION (City, town, or county) (State) <b>BRUNSWICK Mo</b>
DATE REC'D BY LOCAL REG. <b>8-4-55</b>	REGISTRAR'S SIGNATURE <b>W. H. Houtkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. W. Meersel</b> ADDRESS <b>Brunswick</b>	

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

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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 *L. W. Merrill*.....

Licensed Embalmer No. *822*

P. O. Address *Brunswick*

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.