No. 300
10.48

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FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22946

BIRTH NO. _____ REG. DIST. NO. 2208 PRIMARY REG. DIST. NO. 5790 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY [redacted] MISSISSIPPI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Wolf Island
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence-5 M. S. E. Prairie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mississippi
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Wolf Island, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANN c. (Last) PARKER

4. DATE OF DEATH (Month) (Day) (Year) July 6, 1955

5. SEX Fem.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 18, 1873
9. AGE (In years last birthday) 82 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) Domestic
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City, and State or Foreign Country) Wolf Island, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Oliver Gray
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE William W. Parker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Woodrow Parker-East Prairie, Mo ADDRESS

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) Chronic Myocarditis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) 4221

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis Liver

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Jan., 1955, *to* July 5, 1955, *that I last saw the deceased alive on* July 5, 1955, *and that death occurred at* 11:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gordon C. Hemphill D.O.
23b. ADDRESS East Prairie Mo
23c. DATE SIGNED 7-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-8-55
24c. NAME OF CEMETERY OR CREMATORY W.O.W.
24d. LOCATION (City, town, or county) (State) East Prairie Mo.

DATE REC'D BY LOCAL REG. 7-18-55
REGISTRAR'S SIGNATURE Gertrude G. Harper 197
25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby. ADDRESS East Prairie.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 21 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Travis Shelby Jr.

Licensed Embalmer No. 49

P. O. Address East Pro

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