

24986

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 5 - 1955

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>2 Years</u>	c. CITY OR TOWN <u>Sikeston</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>Mo. Delta Community Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>May</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) <u>7</u> (Day) <u>28</u> (Year) <u>1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-14-1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of worklife, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>John U. Parker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Parker, Sikeston, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Nervous System Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Degeneration of Circulatory System</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Idiopathic Aplastic Anemia</u> 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>2924</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>7-9</u> , 19 <u>55</u> , to <u>7-28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>55</u> , and that death occurred at <u>2:20 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Elden J. Sargent MD</u>			23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>7-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-30-55</u>	REGISTRAR'S SIGNATURE <u>MAN Ella Hunter</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Nunn</u>	ADDRESS <u>Sikeston</u>	
THE NUNNEICE FUNERAL CHAPEL <u>Mo.</u> (Licensed Embalmer's Statement on Reverse Side)					

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

300
48

DATE RECEIVED AUG 1 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 656-157

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Philip J. Cassedy
Licensed Embalmer No.....
P. O. Address Sikeston,

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