

No. 300  
0.48

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29804

State File No. ....

3864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</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) <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>2 years</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>4115 Forest Ave.</b>		STREET ADDRESS (If rural, give location) <b>4115 Forest Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>Richard H. Parker</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 3 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 30, 1919</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Billor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Motor Transport</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dennison Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
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13a. FATHER'S NAME <b>James C Parker</b>	13b. MOTHER'S MAIDEN NAME <b>Hazel F Loomis</b>	14. NAME OF HUSBAND OR WIFE <b>Betsy Ann Parker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War No 2</b>	16. SOCIAL SECURITY NO. <b>493-30-1581</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Betsy Ann Parker</b>	ADDRESS <b>Kansas City Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4200</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b>		
	DUE TO (c) <b>Arteriosclerotic Heart Disease</b>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5 P. m., from the causes and on the date stated above.

23. SIGNATURE <b>Geo. C. K. Kalhofer</b> (Degree or title)	23b. ADDRESS <b>6627 West 13th St</b>	23c. DATE SIGNED <b>9-3-55</b>
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24a. BURIAL CREMATION (Specify) <b>Burial</b>	24b. DATE <b>Sept 7 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Foster Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Hampton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-3-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagner Funeral Home</b>	ADDRESS <b>Kansas City Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC-1007  
OCT 18 1956

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 *Alvin R. Haensch*

Licensed Embalmer No. *H/S*  
P. O. Address *K. C. 7*

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.