No. 300
10.48

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

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43162

State File No.

BIRTH NO. REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Advance,
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): Advance, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN: Advance
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
STREET ADDRESS (If rural, give location): 1030

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Zelda
c. (Last): Parker

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 15, 1910
9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months 7 Days 24
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Advance, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Noah Sylcox
13b. MOTHER'S MAIDEN NAME: Mae Jones
14. NAME OF HUSBAND OR WIFE: Marion Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Marion J. Parker, Advance, Mo

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Diabetes
~~DUE TO~~ (c) Nephritis & Nephrosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 591X

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* Sept 19 49 *to* 9 Dec 19 55, *that I last saw the deceased alive on* 9 Dec 1955, *and that death occurred at* 9:00 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Dr. Kathleen D.O.
23b. ADDRESS: Advance Mo
23c. DATE SIGNED: 11 Dec 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-11-55
24c. NAME OF CEMETERY OR CREMATORY: Morgan Memorial Park
24d. LOCATION (City, town, or county) (State): Advance, Mo

DATE REC'D BY LOCAL REG.: 12-15-55
REGISTRAR'S SIGNATURE: Bernice Moore
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Wm. H. Morgan, Advance

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm H Mary

Licensed Embalmer No. 46

P. O. Address Advance

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.