

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43550

State File No.

FILED JUL 2 1958

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BRANSON</u>	c. LENGTH OF STAY (In this place) <u>FEW DAYS</u>	c. CITY OR TOWN <u>BLUE EYE</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>SKAGGS MEM. HOSP.</u>		STREET ADDRESS (If rural, give location) <u>10401</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RILEY</u> b. (Middle) <u>DENNIS</u> c. (Last) <u>PARKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 30, 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 4, 1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAFE OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GREEN FOREST, ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MONROE PARKER</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY TIPTON</u>	14. NAME OF HUSBAND OR WIFE <u>ETHEL PARKER</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ETHEL PARKER - WIFE</u>	ADDRESS <u>Blue Eye, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Head of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 <u>157X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>55</u>
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22. I hereby certify that I attended the deceased from 12-26, 1955 to 12-30, 1955 that I last saw the deceased alive on 12-30, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Rubin M.D.</u>	(Degree or title)	23b. ADDRESS <u>Branson, Mo</u>	23c. DATE SIGNED <u>6-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLUE EYE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STONE COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-27-56</u>	REGISTRAR'S SIGNATURE <u>Alex Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NELSON FUNERAL HOME - BERRYVILLE, ARK.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Charles M. Nelson*

Licensed Embalmer No. *815*

P. O. Address *Beverly Hills*

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.