

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9664

State File No.

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5661 Registrar's No. 10

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|--|--|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural) - Turnback</u> | | c. LENGTH OF STAY (in this place) <u>53 yrs.</u> | c. CITY OR TOWN <u>Chesapeake</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. Vernon, Missouri - Rt 1</u> | | STREET ADDRESS (If rural, give location) <u>Mt. Vernon, Missouri - Rt #9 - 0550</u> | |

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|-------------------------------------|-------------------------|-------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>Martha</u> | b. (Middle) <u>Jane</u> | c. (Last) <u>Parker</u> | <u>Feb - 3 - 1956</u> | | |

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|----------------------|-------------------------------|---|-------------------------------------|---|---|---|
| 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>Feb-18-1870</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|-------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cherokee Co - N. Carolina</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>M.P. Martin</u> | 13b. MOTHER'S MAIDEN NAME <u>Catherine Little</u> | 14. NAME OF HUSBAND OR WIFE <u>R.S. Parker (Deceased)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mark Parker (Son)</u> | ADDRESS <u>Mt. Vernon Mo - Rt 1</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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12da.</u> <u>10 yrs</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension +</u> DUE TO (c) <u>Ch Myocarditis</u> | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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? |
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22. I hereby certify that I attended the deceased from Sept. 1940 to 1/28, 1956 that I last saw the deceased alive on 1/28, 1956, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Name or title) <u>Benneth Glover MD</u> | 23b. ADDRESS <u>Mt. Vernon, Mo.</u> | 23c. DATE SIGNED <u>2/4/56</u> |
|---|-------------------------------------|--------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb-5-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>2 mi. S.E. Chesapeake, MO</u> |
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| DATE REC'D BY LOCAL REG. <u>3-8-56</u> | REGISTRAR'S SIGNATURE <u>W. S. Burney</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Pasuth</u> | ADDRESS <u>Mt. Vernon 7110</u> |
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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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed A. L. Fesseth.....

Licensed Embalmer No. 2201.....

P. O. Address Mt. Vernon.....

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.