

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14421

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Perry Twp.</u>		c. LENGTH OF STAY (In this place) <u>3 Mo.</u>	c. CITY OR TOWN <u>Perry Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#1 Bonne Terre</u>			e. STREET ADDRESS (If rural, give location) <u>R.R.#1. Bonne Terre, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Frances</u>	c. (Last) <u>Parker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 28, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 22, 1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR <u>11</u> Months <u>8</u> Days
IF UNDER 24 HRS. <u>10</u> Min.	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	11. BIRTHPLACE (City and State or Foreign Country) <u>French Village, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Frank Layhay</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Thurman</u>	14. NAME OF HUSBAND <u>Andrew Parker (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Parker, RR#1 Bonne Terre, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>490X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>April 24, 1956</u> to <u>April 28, 1956</u> , that I last saw the deceased alive on <u>April 28, 1956</u> and that death occurred at <u>6:15 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. W. Zupan DO</u>		23b. ADDRESS <u>Flax River MO</u>		23c. DATE SIGNED <u>4/30/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial R.R.#1-Bonne Terre, Mo.</u>	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>4-30-56</u>	REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G.Z. Boyer & Son Desloge, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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1 AUG 2 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 *B. T. Boyer*

Licensed Embalmer No. *36*

P. O. Address *Des Moines*

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.