

FILED NOV 27 1956 STANDARD CERTIFICATE OF DEATH

State File No. **38482**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **238**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 4 mos		d. STREET ADDRESS (If rural, give location) 410 E. Centennial	
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 N. McGregor St.			

3. NAME OF DECEASED (Type or Print)	a. (First) LENA	b. (Middle) MAE	c. (Last) PARKER	4. DATE OF DEATH (Month) (Day) (Year) Nov 13, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1880 March 1, 1876	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Month _____ Day _____	11. UNDER 1 MTS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired matron Jasper Co Almshouse	10b. KIND OF BUSINESS OR INDUSTRY Jasper Co Almshouse	11. BIRTHPLACE (City and State or Foreign Country) Jerico Springs, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Richard Cross	13b. MOTHER'S MAIDEN NAME Martha ?	14. NAME OF HUSBAND OR WIFE John H. Parker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or date of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Loraine White, Tulsa, Okla.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic DUE TO (c) 422.1		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritic Deformans		10y	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTO-SY? YES <input 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) none	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 **Jan 28, 1949** to **Nov 13, 1956** that I last saw the deceased alive on **Nov 12, 1956** and that death occurred at **7:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Last name or title) George H. Wood MD	23b. ADDRESS 304 Grant, Carthage, Mo	23c. DATE SIGNED 11-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 15, 1956	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri
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DATE REC'D BY LOCAL REG. 11-15-56	REGISTRAR'S SIGNATURE W. J. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 23 1956

Tasler County Health Office

County File Number 56-11-916

Date Filed NOV 23 1956

REC-4
11/23/56

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
Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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 this body is not embalmed, fact should be so stated above.