

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42291**

FILED DEC 17 1956

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4370 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clearmont, Mo.)		c. LENGTH OF STAY (in this place) 5 months	c. CITY OR TOWN Clyde
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) _____ b. (Middle) ----- c. (Last) PARKER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 8, 1876
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Labor	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hamilton Parker		13b. MOTHER'S MAIDEN NAME Graves	14. NAME OF HUSBAND OR WIFE Judy (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Parker, Clyde, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident			years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			
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)
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>July 17, 1956</u> , to <u>Dec. 7, 1956</u> , that I last saw the deceased alive on <u>Dec. 6, 1956</u> , and that death occurred at <u>5:00A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Donald M. Hayes (Degree or title) D.O.		23b. ADDRESS Elmo, Missouri	23c. DATE SIGNED Dec 11, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Columba Cemetery	24d. LOCATION (City, town, or county) (State) Conception, Missouri
DATE REC'D BY LOCAL REG. 12-15-56		REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Foss E. Johnson, Stanberry, Mo.

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 *Ross Evan Johnson*.....

Licensed Embalmer No. 4948.....

P. O. Address Stanberry, Miss.....

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.