

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2300

STATE FILE NUMBER

FILED FEB 13 1957

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 5

Health,
Welfare
Public
Service

300
7-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All nonattendance in item 18. No symptoms will be listed. All nonattendance in item 18. No symptoms will be listed. All nonattendance in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - N. Dillon</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>terndale Rest Home - 4 yrs</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Outside on Farm</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Charles</u> First <u>L.</u> Middle <u>Parker</u> Last		4. DATE OF DEATH <u>Feb. 6, 1957</u> Month <u>Feb.</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 18, 1870</u>
9. AGE (In years last birthday) <u>87</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (City and state or country) <u>see.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Bill Parker</u>	
14. MOTHER'S MAIDEN NAME <u>Do NOT Know</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>terndale Home Office - St James, MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertension</u> <u>nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>myocardial degeneration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>about 8 years</u> <u>5 years</u> <u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443x</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>5:30</u> Month, Day, Year <u>Feb 6, 1957</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>4-13-53</u> to <u>Feb 6, 1957</u> and last saw her alive on <u>1-31-57</u> and last saw him <u>1-31-57</u> Death occurred at <u>5:30 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. V. Hammler M.D.</u> (Degree or title)		22b. ADDRESS <u>St. James Mo.</u>	
22c. DATE SIGNED <u>2-7-57</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial + Removal</u>	23b. DATE <u>Feb 10-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boonville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Boonville MO.</u>
24. FUNERAL DIRECTOR <u>Oral E. Liebliler</u> ADDRESS <u>St James Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-7-1957</u>	26. REGISTRAR'S SIGNATURE <u>Ruch B. Powell</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

- Phelps County Health Officer,

County File Number 639

Date Filed 2-11-57

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 Orel E. Lickliker

Licensed Embalmer No. 35

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.