

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16177  
STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 201

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		c. CITY OR TOWN <b>Red Top</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Univ. Hospital</b>		d. STREET ADDRESS <b>RFD</b> (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>John K. Parker</b>		4. DATE OF DEATH <b>June 4, 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 2, 1907</b>	
9. AGE (In years last birthday) <b>52</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	
11. BIRTHPLACE (City and state or country) <b>TENN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>George Parker</b>		14. MOTHER'S MAIDEN NAME <b>MARY ELLEN LANGLEY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>yes</b>	
17. INFORMANT <b>Beatrice Parker</b>		Address <b>Red Top, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY INFARCTION</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>MYOCARDIAL INFARCTION</b> DUE TO (c) <b>ARTERIO SCLEROTIC HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>H2O.O</b>			INTERVAL BETWEEN ONSET AND DEATH <b>RECENT</b> <b>1 YEAR.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>			
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 <b>2:18 P.M.</b> Month, Day, Year			
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 <b>COLUMBIA</b>		COUNTY <b>BOONE</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>5-30-57</b> to <b>6-4-57</b> and last saw <b>him</b> alive on <b>6-4-57</b> Death occurred at <b>2:18 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John F. Fowney M.D.</b> (Degree or title)		22b. ADDRESS <b>University of Missouri</b>	
22c. DATE SIGNED <b>6-4-57</b>			
23a. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>6-4-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>CHURCH GROVE</b>		23d. LOCATION (City, town, or county) (State) <b>Buffalo, Mo.</b>	
24. FUNERAL DIRECTOR <b>Jones of Buffalo, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>June 4 1957</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>			

(Licensed Embalmer's Statement on Reverse Side)

31-0

JUN 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Gene C. Hunted*

Licensed Embalmer No. *473*

P. O. Address *Buffalo*

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