Health,
& Welfare
Public
Service

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FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19148

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4679

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Barnes Hospital — Length of stay in 1b: 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Maries
c. CITY OR TOWN: Vienna — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes X No ☐
03 30 31

3. NAME OF DECEASED (Type or print): First: Edna Middle: Cordelia Last: Parker

4. DATE OF DEATH Month Day Year: May 16, 1957

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐ 2

8. DATE OF BIRTH: Feb. 22, 1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Maries Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Miller

14. MOTHER'S MAIDEN NAME: Martha Jane Love

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. L.W. Snodgrass, Address: Vienna, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atelectasis of both Lungs;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Anesthesia;
DUE TO (c) Surgery. E904.0 21

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
While undergoing surgery

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT X **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell & fractured her right hip. Suffered during period of Dr. Adams daughter, at Route #4, Edwardsville Illinois. May 10th 1957.

20c. TIME OF INJURY Hour a. m. p. m. 5 105 Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home 32

20f. CITY, TOWN, OR LOCATION Edwardsville COUNTY STATE Ill

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1135 A m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 5-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5-17-57

23c. NAME OF CEMETERY OR CREMATORY: Kenner Church Cemetery

23d. LOCATION (City, town, or county) (State): Maries Co., Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. MAY 17 '57

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 7 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Wm Dunkley

Licensed Embalmer No. 365

P. O. Address [illegible]

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.