

FILED OCT 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32369**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **470**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Galena	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		• STREET ADDRESS (If rural, give location) 1115 Wall St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Gregory	c. (Last) Parker	4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/24/1907 1903	9. AGE (Years) (Months) (Days) 50 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smelterman	10b. KIND OF BUSINESS OR INDUSTRY Lead & Zinc	11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Parker	13b. MOTHER'S MAIDEN NAME Sarah Coady	14. NAME OF HUSBAND OR WIFE Mabel Parker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.II	16. SOCIAL SECURITY NO. 509-10-2954	17. INFORMANT'S SIGNATURE OR NAME Mabel Parker	ADDRESS Galena, Kansas
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia - Cerebric		2-3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Papillary Carcinoma left kidney - metast. to spine		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 180X	20. AUTOPSY? Y YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **2 Jan**, 19**56**, to **8 Oct**, 19**57**, that I last saw the deceased alive on **8 Oct**, 19**57**, and that death occurred at **7:27 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Davis M.D.	23b. ADDRESS Galena, Kans	23c. DATE SIGNED 9 Oct. 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/9/57	24c. NAME OF CEMETERY OR CREMATORY Baxter Springs Cemetery	24d. LOCATION (City, town, or county) (State) Baxter Springs, Kans.
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DATE REC'D BY LOCAL REG. 10-9-57	REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Ketch	ADDRESS Galena, Kans.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED OCT 14 1957
Jasper County Health Office

County File Number 841
OCT 14 1957

OCT 18 1957

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 T. M. Jones

Licensed Embalmer No. 2319

P. O. Address Japline

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.