

Health,
Welfare
Public
Service

FILED SEP 26 1957

STANDARD CERTIFICATE OF DEATH

33956
STATE FILE NUMBER
1003 Registrar's No. 8280

Registration District No. 318 Primary Registration District No.

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Flat River Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Length of stay in lb 2 1/2 weeks	d. STREET ADDRESS (If outside, give location) 207 Crane Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Rita Middle Elaine Last Parker			4. DATE OF DEATH Month Sept. Day 4 Year 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27, 1941	9. AGE (In years last birthday) 15	10. FUNDER 1 YEAR Months 8 Days 26 Hours 5 Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Leadwood, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Robert L. Parker	13b. MOTHER'S MAIDEN NAME Margie Owens	14. NAME OF HUSBAND OR WIFE None
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Margie Archambo, Flat River, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) 3rd burn of 75% of body.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 816 5		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) 26		

PART II. OTHER SIGNIFICANT CONDITIONS AND RESULTS OF EXAMINATION deceased when stalled car in which deceased was in operated by Harold Greiner 1.3 mi. south of town "A" St. Francois County, Mo., about 400 a.m., Aug 16 1957.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. HOW INJURY OCCURRED: (Enter nature of injury in PART II of 20a & b.)
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20c. TIME OF INJURY Hour 400 a.m. Month, Day, Year 8 16 57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 31 Ruby	20f. CITY, TOWN, OR LOCATION St. Francois County Mo.	COUNTY	STATE
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21. I attended the deceased from Death occurred at 920 A m on the date stated above; and to the best of my knowledge, from the causes stated.	and last saw her alive on 097
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22a. SIGNATURE Patrick J. Taylor Carver (Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED SEP 4 57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-4-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Flat River Mo.
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24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 4 57	26. REGISTRAR'S SIGNATURE Carl Smith MD mgs
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

