

FILED DEC 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40811

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 559

S. 300
v. 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 <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> COUNTY <u>Jasper</u>			
b. CITY (In outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sarasota</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen Hospital 2 wks</u>			Length of stay in lb	d. STREET ADDRESS <u>Mo</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Charles W.</u> Middle <u>Parker</u> Last <u>Parker</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>19</u> Year <u>57</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC. 17-1870</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Fountain Green Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Zack Parker</u>				14. MOTHER'S MAIDEN NAME <u>Mary J. Barber</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mattie Parker Sarasota Mo</u> Address _____			
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>Granitition and Abilitation</u>							INTERVAL BETWEEN ONSET AND DEATH
• Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Carcinomatous</u>		DUE TO (c) <u>Primary Carcinoma of Esophagus</u>		12 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cardiac Decompensation .153x</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 _____ a. m. _____ p. m.	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 COUNTY STATE	
21. I attended the deceased from <u>Jan 30 1953</u> to <u>Nov 19 1957</u> and last saw her alive on <u>Nov 19 1957</u> Death occurred at <u>8:35 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. H. Hodson M.D.</u> (Degree or title)				22b. ADDRESS <u>Sarasota Mo</u>		22c. DATE SIGNED <u>11/21/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarasota Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Sarasota Mo</u>		
24. FUNERAL DIRECTOR <u>Garment Sons Sarasota Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-27-1957</u>		26. REGISTRAR'S SIGNATURE <u>Dorice Merriam</u>	

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Asper County Health Office
County File Number 57-12-983
Date Filed DEC 3 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 *Wm H Jackson*

Licensed Embalmer No. 59

P. O. Address *Seneca*

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.