

FILED MAR 13 1958

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **47724**

BIRTH NO. _____ REG. DIST. NO. **108** PRIMARY REG. DIST. NO. **5423** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Dunklin Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give town) Senath		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Senath
d. FULL NAME OF HOSPITAL OR INSTITUTION Res.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If usual, give location) Gen. Del. 0300	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Leslie	c. (Last) Parker	4. DATE OF DEATH (Month) (Day) (Year) Aug 5, 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 April 9, 1899	9. AGE (In years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	11. BIRTHPLACE (City and State or Foreign Country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Isaac Parker	13b. MOTHER'S MAIDEN NAME Lou Henderson	14. NAME OF HUSBAND OR WIFE Lillie Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lillie Parker
		ADDRESS Senath, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk 10+ yrs Lifelong 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial, bilateral		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectases DUE TO (c) Bronchial asthma, asthmatic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mild type psychosis for which on hospital several months			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Senath, Dunklin, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 5, 1957, to Aug 5, 1957, that I last saw the deceased alive on Aug 5, 1957, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eber M. Mohler Jr. M.D.	23b. ADDRESS 1228 Pine, Long Beach, Cal	23c. DATE SIGNED 2-28-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/7/57	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) Kennett Mo.
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DATE REC'D BY LOCAL REG. 3-5-58	REGISTRAR'S SIGNATURE Mrs. J.H. Parker	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service	ADDRESS Senath, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

91-1

RECEIVED DUNKLEBY COUNTY HEALTH
DEPARTMENT 3-10-57
COUNTY FILE NUMBER 357-15

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 *Robert B. Baird*.....

Licensed Embalmer No. *4888*

P. O. Address *Kennett, Mo.*

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.