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FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

855
STATE FILE NUMBER
167
Registrar's No.

Registration District No. 120 Primary Registration District No. 4194

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		c. CITY OR TOWN <u>Albany</u> 038° Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>707 Carso n</u>		d. STREET ADDRESS <u>707 Carson</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charley</u> Middle <u>Henry</u> Last <u>Parker</u>			4. DATE OF DEATH <u>February, 1-1958</u> Month Day Year		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July, 30, 1889</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Nodaway Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Bud Parker</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Orilla Jane Parker</u>
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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) <u>unknown</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Lavina Wilkerson, Albany, Mo.</u>
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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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 Hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>Oct. 15, 1956</u> to <u>Feb. 1, 58</u> and last saw <u>him</u> alive on <u>Feb. 1, 1958</u> Death occurred at <u>1:40p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>H. D. Merrill D.O.</u> (Degree or title)	22b. ADDRESS <u>Albany, Missouri</u>	22c. DATE SIGNED <u>Feb. 4, 58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Feb. 4-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	23d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks, Albany, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-4-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 byme....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Cochely

* Licensed Embalmer No. 4868
P. O. Address Albany, 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.