

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012133  
STATE FILE NUMBER  
2669

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. ANN 4851		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in 1b 3 WEEKS	d. STREET ADDRESS (If outside, give location) 27 10540 MERT AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OLA MAE PARKER			4. DATE OF DEATH Month Day Year MARCH 4, 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 7, 1911		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY FOOD SERVICE		11. BIRTHPLACE (City and state or country) BELZONI, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ROSCOE BUFKIN		13b. MOTHER'S MAIDEN NAME TOLITHA WIGGENS		14. NAME OF HUSBAND OR WIFE RALPH PARKER	
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. 490-28-6926		17. INFORMANT Address RALPH PARKER, 10540 MERT AVE.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LEFT BREAST WITH METASTASES TO LUNGS AND INTRA-ABDOMINAL ORGANS					INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. 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)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 170x
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 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	
21. I attended the deceased from FEB. 12, 1958 to MARCH 4, 1958 and last saw her/him alive on MARCH 4, 1958 Death occurred at 8:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. S. Vermillion, M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 3/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-7-1958	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		23d. LOCATION (City, town, or county) (State) NORMANDY, MISSOURI
24. FUNERAL DIRECTOR Beumann Bros. Inc. OVERLAND MO		ADDRESS 2504 Woodson	25. DATE RECD. BY LOCAL REG. MAR 5 '58	26. REGISTRAR'S SIGNATURE Paul Smith MD m 83.	

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

Student .....  
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *3454*  
P. O. Address *Overland 14*

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.