

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017395

FILED MAY 26 1958

Registration District No. 42

Primary Registration District No. 1000

STATE FILE NUMBER

Registrar's No. 526

300
1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb Most Life	d. STREET ADDRESS (If outside, give location) 721 Dewey Ave.
3. NAME OF DECEASED (Type or print) First MIDDLE Last SYLVIA MAY PARKER			4. DATE OF DEATH Month Day Year May 16 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		9b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Shubert Nebraska
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Charles Clark	
13a. FATHER'S NAME Charles Clark		13b. MOTHER'S MAIDEN NAME Mary Jane Moore	
14. NAME OF HUSBAND OR WIFE Charles H. Parker (Deceased)		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 Charles W. Parker	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 36 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized		Unknown	
DUE TO (c) 4500		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 May 6, 1958 to May 16, 1958 and last saw her alive on May 16, 1958 Death occurred at 8:35P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Allen Spleman (Degree or title) M. D.		22b. ADDRESS 706 Francis St.	
22c. DATE SIGNED 5-17-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-19-58		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Joseph		(State) Missouri	
24. FUNERAL DIRECTOR Home Funeral Home		25. DATE RECD. BY LOCAL REG. May 19, 1958	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mr. Clark Goodell	

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 *Charles E. Bennett*

Licensed Embalmer No. *11677*

P. O. Address *St. Joseph, 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.