

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017396
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 516

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph, 0117	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. 2yrs		d. STREET ADDRESS 6609 Sherman (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Vickie Middle Marlene Last Parker			4. DATE OF DEATH Month May Day 12 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 18, 1955
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 8 Day 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Joseph, Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Everett Parker		13b. MOTHER'S MAIDEN NAME Corrine Morlock	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Corrine Parker, St. Joseph, Mo 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) Encephalitis			INTERVAL BETWEEN ONSET AND DEATH 12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Measles			12 days
DUE TO (c) 0850			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Palsy:onset-birth. Pneumonitis:onset-5/1/58			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 Month, Day, Year a.m. p.m. 			
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 August 15, 1956 to May 12, 1958 and last saw her alive on May 12, 1958 Death occurred at 3 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Maureen E. Waggner M.D.</i> (Degree or title)		22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri	22c. DATE SIGNED 5/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/15/58	23c. NAME OF CEMETERY OR CREMATORY Kerlin Cemetery	23d. LOCATION (City, town, or county) (State) Halls, Missouri
24. FUNERAL DIRECTOR <i>John E. Rupp</i> ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. May 16, 1958	26. REGISTRAR'S SIGNATURE <i>John Clark Headall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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

Student
Signature of Student Embalmer

Signed *John P. [Signature]*
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph*

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.