

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019073
STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 25

5. 300
1.-57
56904

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CLARENCE 1029 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY REST HOME Length of stay in lb 19 MONTHS		d. STREET ADDRESS (If outside, give location) Box 273 CLARENCE MO Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIE J PARKER			4. DATE OF DEATH Month Day Year MAY 12 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 SEPT 18 1887
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) SHELBY COUNTY MO
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME P. S. BAKER	
13b. MOTHER'S MAIDEN NAME LULA BELLE JAMESON		14. NAME OF HUSBAND OR WIFE THOMAS CHESEY 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. NO	17. INFORMANT Address HILLIARY M. CROSS CLARENCE MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage of Right Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ulcerative Colitis DUE TO (c) General Debility			INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5722			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 a.m. p.m. Month, Day, Year		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 May 7, 1958 to May 7, 1958 and last saw her ^{her} _{him} alive on May 7, 1958 Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. Edrington D.O.		22b. ADDRESS CLARENCE MO	
22c. DATE SIGNED May 14/1958		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 5-14-58		23c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY	
23d. LOCATION (City, town, or county) (Specify) SHELBY COUNTY MO		24. FUNERAL DIRECTOR ADDRESS Clarence Mo	
25. DATE RECD. BY LOCAL REG. May 14-1958		26. REGISTRAR'S SIGNATURE Elsie Robertson	

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

Student
Signature of Student Embalmer

Signed *Charles O. Keeney*

Licensed Embalmer No. *4625*

P. O. Address *Laurel*

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.