

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019127  
STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rt 1 Diamond</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rt 1 Diamond</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in 1b <b>Years</b>	d. STREET ADDRESS (If outside, give location) <b>Rt 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>William John Parker</b>			4. DATE OF DEATH Month <b>5</b> Day <b>15</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 3, 1877</b>	9. AGE (In years birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Mines</b>	11. BIRTHPLACE (City and state or country) <b>Newtonia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charley Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Malenda Cobb</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Ella Parker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-09-1869</b>	17. INFORMANT Address <b>Mrs. Ella Parker Diamond, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Melanosis of Carcinoma of Colon</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of Colon</b>					
DUE TO (c) <b>Unknown</b>					<b>1538</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Operated Jan 1958 by Dr. in hospital at General Hospital (Surgical from same)</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.	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 <b>did not attend</b> , to _____ and last saw her alive on _____ Death occurred at <b>2:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>William P. Bowman M.D. (Registrar)</b>			22b. ADDRESS <b>Peosho, Mo</b>		22c. DATE SIGNED <b>5-20-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-17-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Granby Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Granby, Missouri</b>	
24. FUNERAL DIRECTOR <b>Floyd E. Shewmake Jr. Granby,</b>		ADDRESS <b>Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>5/20/58</b>	26. REGISTRAR'S SIGNATURE <b>William P. Bowman M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. Newton

District File Number 558-115

Date Filed MAY 26 1958

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 Floyd E. Skewmabe d.

Licensed Embalmer No. 4923  
Address Bozys Granby 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.