

Health,
& Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026010
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage 0493 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 426 S. McGregor		Length of stay in 1b 30 yrs	d. STREET ADDRESS (If outside, give location) 426 S. McGregor
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY PARKER			4. DATE OF DEATH Month Day Year July 31, 1958
5. SEX male	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 Feb 10, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. billard hall opr		10b. KIND OF BUSINESS OR INDUSTRY recreation	9. AGE (In years last birthday) 87
11. BIRTHPLACE (City and state or country) Urbana, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ebenezer Parker		13b. MOTHER'S MAIDEN NAME Ruby J. Bond	14. NAME OF HUSBAND OR WIFE Georgia A. List 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. 487-38-9372	17. INFORMANT Walter Parker, 802 Oak, Carthage, 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) <u>Lobar Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>General Debility & Arteriosclerosis</u> DUE TO (c) <u>4500F</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of hip 4 mos. ago.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4-5 yrs</u>
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 <u>12-1-53</u> to <u>7-31-58</u> and last saw her/him alive on <u>7-31-58</u> Death occurred at <u>4 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Sharon S. Patterson</u> MD		22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 8-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-4-58	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. Aug. 1, 1958	26. REGISTRAR'S SIGNATURE Eunice Estrant, Deputy

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Carthage, 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.