

Health,  
Wellfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035911  
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 098 Primary Registration District No. Registrar's No. 100

300  
1-57  
4

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gallatin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Rest Home Most of Life		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Hemery Parker			4. DATE OF DEATH Month Day Year October 27 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 11 1877	9. AGE (In years last birthday) 81	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) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Slaughter House	11. BIRTHPLACE (City and state or country) Caldwell Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Daniel F. Parker		13b. MOTHER'S MAIDEN NAME Cynthia Ann Reed		14. NAME OF HUSBAND OR WIFE ---	
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. 500-07-3750	17. INFORMANT Mrs. Alta Bugher, Gallatin, 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>Carcinoma Proctati</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____ <u>177X</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 Gallatin		STATE Missouri
21. I attended the deceased from <u>Apr 58</u> to <u>Oct 27 58</u> and last saw him alive on <u>Oct 25 58</u> Death occurred at <u>11:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Floyd E. Nelson M.D.</u>			22b. ADDRESS <u>Gallatin, Mo.</u>		22c. DATE SIGNED <u>10-30-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-30-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Life Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gallatin Missouri</u>
24. FUNERAL DIRECTOR <u>Hope Funeral Home</u>		ADDRESS <u>Gallatin, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-31-58</u>		26. REGISTRAR'S SIGNATURE <u>Virginia Engelhart</u>

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 *L. O. Richerson* .....

Licensed Embalmer No. *3307* .....

P. O. Address *Fullerton* .....

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.