

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037069

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 195

Primary Registration District No. -

Registrar's No. 92-58

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richwood Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Richwood</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rocky Comfort R#1</b>		Length of stay in lb <b>7 Months</b>	d. STREET ADDRESS (If outside, give location) <b>Rocky Comfort, Mo.</b>
3. NAME OF DECEASED (Type or print) First <b>Leonard</b> Middle <b>Roy</b> Last <b>Parker</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>12</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>Sept. 23 1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Oklahoma / USA</b>
13a. FATHER'S NAME <b>Robert Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah M. Villard</b>	14. NAME OF HUSBAND OR WIFE <b>Violet May 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>708-16-4155</b>	17. INFORMANT <b>Violet May Parker</b> Address <b>Rocky Comfort, Mo</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>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Investigated by F.M. Humphrey Jr. Coroner of McDonald Co. Mo.</b> DUE TO (c) <b>F.M. Humphrey Jr.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Unattended by Physician</b>			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.) <b>Unattended by Physician</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 <b>Rocky Comfort</b> COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>About 4:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Mary G. Bradley, Registrar</b> (Degree or title)		22b. ADDRESS <b>Unionville, Mo</b>	22c. DATE SIGNED <b>Oct 27, 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Rocky Comfort, Mo. R#1</b>
24. FUNERAL DIRECTOR <b>W. Morris Roper Wheaton Mo</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>Oct 27, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mary G. Bradley, Registrar</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 1 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 *James Kenneth Stone* .....  
Licensed Embalmer No. *4267* .....  
P. O. Address *Wheaton, Ill.* .....

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.