

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046142

STATE FILE NUMBER

12476

FILED JAN 5 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 34 ST MARY'S INT		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 4442 WEST BELLE PL.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JESSE WILBERT PARKER			4. DATE OF DEATH Month Day Year 12 23 1958		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-5 1909	9. AGE (In years last birthday) 49	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) Chiropodist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WESTON MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JESSE PARKER		13b. MOTHER'S MAIDEN NAME LILLIE BELL		14. NAME OF HUSBAND OR WIFE MRS. CLEOM. PARKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 494-03-9740		17. INFORMANT Address MRS. CLEOM. PARKER 4442 WEST BELLE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY HEART DISEASE					INTERVAL BETWEEN ONSET AND DEATH, UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.) 420.1		
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 Jan. 4, 1954 to Dec. 23, 1958 and last saw ^{her} him alive on Dec. 23, 1958 Death occurred at 10:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles F. Ford, M.D.		(Degree or title) MD		22b. ADDRESS 2801 N. Taylor	
22c. DATE SIGNED 12-24-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-26-58		23c. NAME OF CEMETERY OR CREMATORY NATIONAL	
23d. LOCATION (City, town, or county) JEFFERSON BRKS MO.		(State)			
24. FUNERAL DIRECTOR Bennie Love		ADDRESS 3103 Washington		25. DATE RECD. BY LOCAL REG. DEC 24 '58	
26. REGISTRAR'S SIGNATURE Carl Smith MD		mds.			

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 *W. Claude Gordon*

Licensed Embalmer No. *3478*
P. O. Address *4575 Alder*

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.