Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002596
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: StvCharles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural Rt 3 — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt St Charles Mo — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St Charles
c. CITY OR TOWN: St Charles 0923 C — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 209 So. Main St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James — Middle: A — Last: Parker

4. DATE OF DEATH: Month: Feb. — Day: 2 — Year: 1959

5. SEX: Male C

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 17 1937

9. AGE (In years last birthday): 21 — 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): Tree Trimmer

10b. KIND OF BUSINESS OR INDUSTRY: FORESTRY & LUMBER

11. BIRTHPLACE (City and state or country): Mississipi

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Parker

13b. MOTHER'S MAIDEN NAME: Mary Hayes

14. NAME OF HUSBAND OR WIFE: Kathleen Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 430-64-4416

17. INFORMANT Address: Kathleen Parker St Charles 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): Struck on head by falling tree limb
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Skull fracture
DUE TO (c): 9101

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 11

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Tree Trimming-falling limb struck head

20c. TIME OF INJURY: 4 Hour p.m. Month, Day, Year: Feb 2 1959

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20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm-Karmill Woods

20f. CITY, TOWN, OR LOCATION: Karmill Woods — COUNTY: St.Charles — STATE: Mo.

21. I attended the ~~deceased from~~ held inquest, to 2/5/59 and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvis Muschany Corner 3

22b. ADDRESS: Wentzville Mo Fd

22c. DATE SIGNED: 5.1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Feb. 4 1959

23c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

23d. LOCATION (City, town, or county) (State): Forest Mississipi

24. FUNERAL DIRECTOR ADDRESS: Arthur C Baue St Charles Mo

25. DATE RECD. BY LOCAL REG.: FEB 6-59

26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)
INF. RCD. 2/5/59

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 3155

P. O. Address .....

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.