Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004647
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 042 Primary Registration District No. ____ Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Washington Township — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R.F.D.#5 — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.F.D.#5 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: JIM Middle: Last: PARKER

4. DATE OF DEATH: Month: Feb. Day: 13 Year: 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: July 10, 1905 **9. AGE** (In years last birthday): 53 — 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): Farmer **10b. KIND OF BUSINESS OR INDUSTRY**: Farming **11. BIRTHPLACE** (City and state or country): St. Joseph Missouri **12. CITIZEN OF WHAT COUNTRY?**: U S A

13a. FATHER'S NAME: William A. Parker **13b. MOTHER'S MAIDEN NAME**: Beatrice Insgo **14. NAME OF HUSBAND OR WIFE**: Mrs. Grace E. 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.**: 500-07-3541 **17. INFORMANT**: Mrs. Grace E. Parker Address: R. F. D. #5 St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Traumatic Shock Cerebral hemorrhage of vessells — INTERVAL BETWEEN ONSET AND DEATH: at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Selfe inflicted shotgun wound of head — at once
DUE TO (c) 976X
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 ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☑ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Selfe inflicted shotgun wound of head
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Feb 19 1959
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.): home
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Buchanan Mo

21. I attended the deceased from viewed body and last saw him alive on 2-19-59
Death occurred at P on the date stated above; and to the best of my knowledge, from the causes stated.

All diseases in Part I must be causally related.
Dr. S. E. Meluney
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

22a. SIGNATURE (Degree or title): S E Meluney M.D. Coroner Buchanan Co. **22b. ADDRESS**: 214 Kulp Patrick Bld St Joseph Mo **22c. DATE SIGNED**: 2-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 2-16-59 **23c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cemetery **23d. LOCATION** (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS: Hamey Funeral Home St. Joseph, Mo. NRB **25. DATE RECD. BY LOCAL REG.**: Feb. 18, 1959 **26. REGISTRAR'S SIGNATURE**: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.