Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018177
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jane Chinn Hosp. — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Oronogo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 209 Nevada St. — Reside on Farm Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First Thomas; Middle Fred; Last Parker

4. DATE OF DEATH: Month May, Day 6, Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 1, 1902
9. AGE (In years last birthday): 57 — 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): Laboratory Technician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Jasper Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James B. Parker
13b. MOTHER'S MAIDEN NAME: Nancy J. Montgomery
14. NAME OF HUSBAND OR WIFE: Helen L. 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. 569-12-6650
17. INFORMANT: Hellen L. Parker — Address: Oronogo, 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) ACUTE CIRCULATORY COLLAPSE — INTERVAL BETWEEN ONSET AND DEATH: FEW MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9120 22
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): SHOCK - RESULT OF AMPUTATION OF 2 FINGERS BY
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) POWER MOWER 11 HOURS PRIOR TO DEATH
20c. TIME OF INJURY 11:00 a.m. Month, Day, Year 5 5 59
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME
20f. CITY, TOWN, OR LOCATION ORONOGO COUNTY JASPER STATE MO

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21. I attended the deceased from 1430 AM 5/4/59 to 5/6/59 and last saw her/him alive on 5/6/59
Death occurred at 2:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. M. Pence (Degree or title) D.O.
22b. ADDRESS Carterville, Mo.
22c. DATE SIGNED 5-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 5-9-1959
23c. NAME OF CEMETERY OR CREMATORY: Oronogo Cemetery
23d. LOCATION (City, town, or county) (State): Oronogo, Mo.

24. FUNERAL DIRECTOR: Johnston-Arnce-Simpson — ADDRESS: Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 5-11-59
26. REGISTRAR'S SIGNATURE Mrs. Madeline Sintzer

(Licensed Embalmer's Statement on Reverse Side)

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.

P.M.Pence-D.O.

MAY 20 1959

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.