URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 18 1959

59-041029
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston (enroute to Hosp.) Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles West City Limits Inside Limits No X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 608 E. Commercial Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Clarence Middle Edmond Last Parker
4. DATE OF DEATH Month November Day 10 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married X Never Married Widowed Divorced
8. DATE OF BIRTH 7/30/79
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Marion County, Ind.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lewis Parker
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE Mrs Bessie 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. 491 44 5079
17. INFORMANT Mrs Bessie Parker, Address 608 E. Commercial, Charleston, 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) Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis 1 da.
DUE TO (c)
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) Cardiac arrhythmia
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/9/59 to 11/10/59 and last saw him alive on 11/10/59
Death occurred at 12:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Charles Robinson (Degree or title) MD
22b. ADDRESS Charleston, Mo.
22c. DATE SIGNED 11/10 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal, Burial
23b. DATE 11/10/59
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
23d. LOCATION (City, town, or county) Lebanon, Indiana

24. FUNERAL DIRECTOR Jim T. Nunnelee Jr. ADDRESS THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.
25. DATE RECD. BY LOCAL REG. 11-13-59
26. REGISTRAR'S SIGNATURE Dorothy B. Hudson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT ENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John F Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.