URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010090
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION: Poplar Bluff Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Dexter — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Star Route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Jesse Middle: Lee Last: Parker

4. DATE OF DEATH: Month: March Day: 9 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-8-1888
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months: 9 Days: 1 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Stoddard County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: John Parker
13b. MOTHER'S MAIDEN NAME: Roady Ann Morris
14. NAME OF HUSBAND OR WIFE: Lillie 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.:
17. INFORMANT: Mrs. Lillie Parker, Address: Dexter, 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): Cardiac decompensation / weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cor Pulmonale / ?
DUE TO (c): Bronchial Asthma / ?
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)

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 Mar 1952, to 9 Mar 1960 and last saw ~~him~~ alive on 9 Mar 1960
Death occurred at 1:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] MD
22b. ADDRESS: 321 [illegible]
22c. DATE SIGNED: 28 Mar 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-11-60
23c. NAME OF CEMETERY OR CREMATORY: Dexter
23d. LOCATION (City, town, or county) (State): Dexter, Missouri
3/20/60

24. FUNERAL DIRECTOR: Strickland-Rainey **ADDRESS**: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 3/26/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — BY AFFIDAVIT OF — DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O Address Dexter, M

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