

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034227

FILED VS SEP 26 1960

77

Primary Registration District No.

3016

Registrar's No.

332

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson, City		Length of stay in 1b 2 Wks.		c. CITY OR TOWN Macks Creek		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. St. Still			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Baptist St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle S. Last Parrack				4. DATE OF DEATH Month Sept. Day 21, Year 1960				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 22, 1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housework		11. BIRTHPLACE (City and state or country) Camden Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Z. M. DeGraffenreid			13b. MOTHER'S MAIDEN NAME Julia Snelling		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. non e		17. INFORMANT Address Golda Kelso Macks Creek, 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) Sepsis failure DUE TO (b) pancreatitis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) Generalized Arterio Sclerosis					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 8/30/60 to 9/21/60 and last saw her alive on 9/21/60 Death occurred at 3:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) L. E. Michael DO				22b. ADDRESS Jefferson City		22c. DATE SIGNED 9/21/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept. 24, 1960	23c. NAME OF CEMETERY OR CREMATORY Parrack Grove		23d. LOCATION (City, town, or county) Camden Co. Mo.				
24. FUNERAL DIRECTOR ADDRESS L. E. Jones Buffalo, Mo.			25. DATE RECD. BY LOCAL REG. 23 Sept-1960		26. REGISTRAR'S SIGNATURE R.P. Darrin MD - T. Richter DO			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 7 100
OCT 4 1960

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 R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, N. Y.

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