

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001950

STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 2293 Registrar's No. 8

FILED VS FEB 15 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JEFFERSON	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN TWP.	a. STATE MO.	b. COUNTY JEFFERSON
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION HIWAY 67- 10 mi. s. of CRYSTAL CITY-PESTUS		c. CITY OR TOWN BARNHART	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS BOX 325		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
Glen M. Parker	2-4-61

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-04	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY NORDBERG BROS. MFG	11. BIRTHPLACE (City and state or country) CHERRYVILLE, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME DR. R.C. PARKER	13b. MOTHER'S MAIDEN NAME RACHEL BAKER	14. NAME OF HUSBAND OR WIFE DOROTHY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO (no, or unknown) (If <u>yes</u> , give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT DOROTHY PARKER BARNHART, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Multiple Fractures	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto-Bus Collision - Head on.
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20c. TIME OF INJURY 9:30 a.m.	Month, Day, Year 2-4-61
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway.	20f. CITY (TOWN) OR LOCATION Plattin Junction Twp. Jeff. Mo.	COUNTY JEFF.	STATE MO.
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21. I attended the deceased from **Coroner's View.** and last saw her/him alive on _____
Death occurred at **9:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James R. Politte	(Degree or title) Coroner	22b. ADDRESS Festus, Mo.	22c. DATE SIGNED 2/5/61
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22d. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE 2-8-61	23c. NAME OF CEMETERY OR CREMATORY STEELVILLE,	23d. LOCATION (City, town, or county) (State) STEELVILLE, MO.
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24. FUNERAL DIRECTOR GENTRY R. POLITTE	ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. Feb. 7-1961	26. REGISTRAR'S SIGNATURE Marie Ferris.
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

FEB 17 1961

FEB 24 1961

MAR 2 1961

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 Leonty R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal

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.