

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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727961-022203
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. Registrar's No.

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 11-51	c. CITY OR TOWN St. Ann
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3617 ELSA
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last GAYLENE MAE PARKER			4. DATE OF DEATH Month Day Year 8 - 3 - 61	
5. SEX FEMALE	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-3-61	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 11 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NIL	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME PAUL GLENNON PARKER		13b. MOTHER'S MAIDEN NAME BARBARA GAYLE POTTER		14. NAME OF HUSBAND OR WIFE X X Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT BARBARA PARKER, St. Ann, 3617 ELSA, Mo.	

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) Atelectasis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Intracranial Hemorrhage		
DUE TO (c) 760.0			

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from **8-3-61** to **8-3-61** and last saw her/him alive on **8-3-61**
Death occurred at **8:11 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marvin H. Gibstene, M.D. (Degree or title)	22b. ADDRESS 10517 St. Charles Rd	22c. DATE SIGNED 8/4/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-5-1961	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	23d. LOCATION (City, town, or county) WELLSTON, MO.
24. FUNERAL DIRECTOR BAUMANN BROS. INC. ADDRESS 504 WOODSON RD - OVERLAND, MO	25. DATE RECD. BY LOCAL REG. AUG 4 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 David C. Gibson

Licensed Embalmer No. 3454
P. O. Address Overland

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.