

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027974

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 148

AMENDED

FILED AUG 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall, Missouri</b>		Length of stay in 1b <b>46Hrs.</b>	c. CITY OR TOWN <b>Arrow Rock, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>Arrow Rock, Missouri</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Jess Lee Parker</b>			4. DATE OF DEATH Month Day Year <b>8 8 61</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/1/98</b>
9. AGE (last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Employer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Park</b>	11. BIRTHPLACE (City and state or country) <b>Arrow Rock Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Rev. William T. Parker</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Steel</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Parker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. 17. INFORMANT <b>Mrs. Mildred Parker, Arrow Rock, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bit Branch pneumonia</b> DUE TO (b) <b>Primary Central Nervous System</b> DUE TO (c) <b>Ulcer</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>4 hrs</b>
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
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.) <b>Auto Accident</b>	
20c. TIME OF INJURY Hour <b>1:30</b> Month, Day, Year <b>8/6/61</b>		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.) <b>on Hwy 41</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>R.R. Saline County, Missouri</b>	
21. I attended the deceased from <b>8 Aug 61</b> to <b>8 Aug 61</b> and last saw him alive on <b>8 Aug 61</b> Death occurred at <b>Marshall Mo</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. M. C. ...</b> (Degree or title)		22b. ADDRESS <b>Marshall Mo</b>	22c. DATE SIGNED <b>8 Aug 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/13/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sappington Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Arrow Rock, Saline County, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>George H. Green, Fulton, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>8-10-61</b>	26. REGISTRAR'S SIGNATURE <b>Carl G. ...</b>

APR 4 1962

AUG 17 1961

JAN 16 1962

**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 George H. Green  
Licensed Embalmer No. 4220

P. O. Address Fulton, Mo

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.