

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-040390**

STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 192  
**FILED NOV 22 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>CASS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>CASS</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLEASANT HILL</b>		Length of stay in 1b <b>90 yrs</b>		c. CITY OR TOWN <b>PLEASANT HILL</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			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>24 N. Jeffreys</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>ZAIDEE</b> Middle <b>KATHERYN</b> Last <b>PARKER</b>				4. DATE OF DEATH Month <b>NOV</b> Day <b>15</b> Year <b>1961</b>									
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/26/1861</b>		9. AGE (last birthday) <b>100</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <b>HIAWATHA KAN</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>GEORGE MORTON KELLOGG</b>				13b. MOTHER'S MAIDEN NAME <b>MARY SWAINHEART</b>				14. NAME OF HUSBAND OR WIFE <b>MILLARD 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. <b>NONE</b>		17. INFORMANT <b>GLENN PARKER</b>		18. ADDRESS <b>4022 WARWICK KANSAS CITY 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>Infarction of midulla oblongata</b> DUE TO (b) <b>cardio-vascular-renal disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>1 year</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 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 <u>11-13-61</u> to <u>11-15-61</u> and last saw her alive on <u>11-15-61</u> Death occurred at <u>6:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>W.K. Bowden MD</b>						22b. ADDRESS <b>Pleasant Hill, Mo</b>			22c. DATE SIGNED <b>11-16-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11/17/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT HILL</b>			23d. LOCATION (City, town, or county) (State) <b>PLEASANT HILL MO.</b>						
24. FUNERAL DIRECTOR ADDRESS <b>WALLACE FUNERAL HOME 422 N LAKE PLEASANT HILL MO.</b>				25. DATE RECD. BY LOCAL REG. <b>Nov 16 - 1961</b>		26. REGISTRAR'S SIGNATURE <b>Per. Ray J. Sebice</b>							

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1961

DEC 8 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

*James C Wallace*

Licensed Embalmer No.

*392*

P. O. Address

*Pleasant Hill*

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.