

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-041202

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 5797 STATE FILE NUMBER

AMENDED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**FILED DEC 11 1961**

1. PLACE OF DEATH  
 a. COUNTY **JACKSON**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITH** Length of stay in lb **2 days**  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **V A HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** b. COUNTY **JACKSON**  
 c. CITY OR TOWN **INDEPENDENCE** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2716 STERLING** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**JACK M PARKER** **November 17, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH **11-15-23** 9. AGE (last birthday) **38**  
 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) **Body and fender repair,**  
 10b. KIND OF BUSINESS OR INDUSTRY **unemployed** 11. BIRTHPLACE (City and state or country) **Rich Hill, Mo.**  
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John Parker** 13b. MOTHER'S MAIDEN NAME **Minnie Page** 14. NAME OF HUSBAND OR WIFE **Wauneta Parker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WWII** 17. INFORMANT Address **VA Hospital Official Records, K.C. 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) **Myocarditis and pericarditis, bacterial**  
 DUE TO (b) **Pneumonia, bronchial**  
 DUE TO (c) **Cardiac abscesses**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour Month, Day, Year  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. Attended the deceased from **November 15, 1961** to **November 17, 1961** and last saw him alive on **November 17, 1961**  
 Death occurred at **2:05 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Stephen Parks, M.D.** 22b. ADDRESS **VA Hospital, Kansas City, Mo.** 22c. DATE SIGNED **11-17-61**

23a. BURIAL CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **11-20-61** 23c. NAME OF CEMETERY OR CREMATORY **MOUND GROVE CEMETERY** 23d. LOCATION (City, town, or county) (State) **INDEPENDENCE, MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **GEO. C. CARSON & SONS, INDEPENDENCE, MO.** 25. DATE RECD. BY LOCAL REG. **11-20-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

**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 *A. Kenneth Patterson*

Licensed Embalmer No. 4697

P. O. Address *Indy 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.