

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045471
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 144

AMENDED

FILED DEC 20 1961

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Township		Length of stay in 1b five days	c. CITY OR TOWN Elsberry, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Mem. Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 410 N. Third St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last PARKER			4. DATE OF DEATH Month Dec. Day 9 Year 1961	
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5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-27-78	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - ret.	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Hamburg, Illinois	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Gideon Parker	13b. MOTHER'S MAIDEN NAME Melinda Grover	14. NAME OF HUSBAND OR WIFE Helen (nee Wills)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address James M. Parker, Jr. Elsberry
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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) PULMONARY EDEMA		24 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARDIAC DECOMPENSATION	48 HRS.
	DUE TO (c) TRAUMATIC SHOCK	5 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition give PART I (a) FRACTURE RIGHT FEUR-TRAUMATIC SHOCK	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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) STRUCK BY AUTO IN ELSBERRY, MO.
20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year 12-5-61		

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.) STREET	20f. CITY, TOWN, OR LOCATION COUNTY STATE ELSBERRY LINCOLN MO.
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21. I attended the deceased from **12-5-61** to **12-9-61** and last saw him alive on **12-9-61**
Death occurred at **10:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Reblackwell	22b. ADDRESS TROY, MO.	22c. DATE SIGNED 12-12-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 12, 1961	23c. NAME OF CEMETERY Oak Ridge	23d. LOCATION (City, town, or county) (State) Elsberry, Mo.
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24. FUNERAL DIRECTOR ADDRESS RICKS FUNERAL HOME - Elsberry, Mo.	25. DATE RECD. BY LOCAL REG. 12-12-1961	26. REGISTRAR'S SIGNATURE Charlotte Leek
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 *Charles K. To*

Licensed Embalmer No. 4017

P. O. Address Cherry 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.