

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002961

FILED FEB 13 1962

Primary Registration District No. 5905 Registrar's No. 33

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Pemiscott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscott									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Godaire		Length of stay in 1b 16 mos.		c. CITY OR TOWN Portageville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Portageville, Rte.#			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Route #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last EMMA JANE PARKER				4. DATE OF DEATH Month Day Year January 31, 1962									
5. SEX Female		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/17/78		9. AGE (last birthday) 83		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) Retired Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Isiah Riggs				13b. MOTHER'S MAIDEN NAME Lisa Taylor				14. NAME OF HUSBAND OR WIFE J. H. Parker					
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 Ben Postwood		Address Portageville Route #2					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoptosis, pulmonary INTERVAL BETWEEN ONSET AND DEATH 3 days DUE TO (b) Hypertensive - cardio- years DUE TO (c) vascular-sclerotic disease													
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"/> N- <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input 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.)									
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 Jan. 29-1962 to Jan. 31, 1962 and last saw her live on Jan. 29, 1962 Death occurred at 7:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W. J. ... (Degree or title)						22b. ADDRESS Wayti, Mo.			22c. DATE SIGNED 2-2-62				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/2/1962		23c. NAME OF CEMETERY OR CREMATORY Ingram Ridge			23d. LOCATION (City, town, or county) (State) Pemiscott Co., Missouri						
24. FUNERAL DIRECTOR Emerson's Baldwin ADDRESS Kennett, Mo.				25. DATE RECD. BY LOCAL REG. 2-5-62		26. REGISTRAR'S SIGNATURE Charlotte E. Sloan							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

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 *James J. E...*

Licensed Embalmer No. 5148

P. O. Address Kennerly, 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.