

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030256

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 363

FILED AUG 27 1962

VS 300
Rev. 4/59

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20160
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Welsh</u> | | Length of stay in lb <u>appr. 10 yrs</u> | c. CITY OR TOWN <u>R.F.D. #2 Scott County Chaffee, Mo.</u> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Residence</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Dave</u> Middle <u>E.</u> Last <u>Parker</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>17</u> Year <u>1962</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/8/1908</u> |
| 9. AGE (last birthday) <u>54</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (City and state or country) <u>London, Arkansas</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Bud Parker</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mattie Vinsont</u> | | 14. NAME OF HUSBAND OR WIFE <u>Retta Parker</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u> </u> | 17. INFORMANT Address <u>Retta Parker Route #2 Chaffee, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CARDIAC DECOMPENSATION</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARDIOVASCULAR RENAL DISEASE</u> | | | <u>2 YRS.?</u> |
| DUE TO (c) <u> </u> | | | <u> </u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ANGINA PECTORIS</u> | | | 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.) <u>NONE</u> | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | Month <u> </u> Day <u> </u> Year <u> </u> | <u>NONE</u> | |
| 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.) <u>NONE</u> | 20f. CITY, TOWN, OR LOCATION <u>NONE</u> | COUNTY <u> </u> STATE <u> </u> |
| 21. I attended the deceased from <u>11-31-61</u> to <u>Aug. 17, 1962</u> and last saw him alive on <u>7-31-62</u> Death occurred at <u>5:45 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>H. Jonesbach, D.O.</u> | | 22b. ADDRESS <u>ORAN, MO.</u> | 22c. DATE SIGNED <u>8-18-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/21/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Friends Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Oran, Scott, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Earl J. Smith Funeral Home</u> <u>Oran, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-21-62</u> | 26. REGISTRAR'S SIGNATURE <u>James Kauten</u> |

USE BLACK INK OR TYPEWRITER RIBBON

AUG 28 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 Carl G. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

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.