

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046172

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 557

STATE FILE NUMBER

FILED DEC 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ALEXANDER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau			Length of stay in lb 4 days		c. CITY OR TOWN Cache Community		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Missouri Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE #1 Olive Branch, Ill.	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle E. Last PARKER				4. DATE OF DEATH Month DEC. Day 13 Year 1962			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 25, 1896	
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) ALEXANDER COUNTY, ILL	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Gene Parker				13b. MOTHER'S MAIDEN NAME Belle Edwards		14. NAME OF HUSBAND OR WIFE LUCY M. PARKER-wife	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WORLD WAR I				16. SOCIAL SECURITY NO.		17. INFORMANT Lucy M. Parker Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aortic Aneurysm INTERVAL BETWEEN ONSET AND DEATH 5 Min.							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) dissecting aortic aneurysm 4 days							
DUE TO (c) Essential Hypertension 1 year							
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"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 12-8-62 to 12-13-62 and last saw him alive on 12-13-62 Death occurred at 8:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Hall M.D. (Degree or title)				22b. ADDRESS Cape Girardeau, Mo		22c. DATE SIGNED 12-15-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 16, 1962		23c. NAME OF CEMETERY OR CREMATORY Thistlewood		23d. LOCATION (City, town, or county) (State) Mounds Illinois	
24. FUNERAL DIRECTOR ADDRESS Berbling Funeral Home Cairo, Ill.				25. DATE RECD. BY LOCAL REG. 12-19-62		26. REGISTRAR'S SIGNATURE Jimm Kasten	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 3 1963

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.