

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3304-63-013685  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. **3304**

DO NOT WRITE ON THIS STUB AMENDED

VS 300  
Rev. 4/59

1  
20570/208  
3  
4 1  
5 2  
6  
7 1  
8 2  
9  
10  
11  
12 86-0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAR 28 1963**

1. PLACE OF DEATH  
a. COUNTY ---  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in-1b **11 yr 1 mo**  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Masonic Home of Mo.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  
a. STATE **Mo.** b. COUNTY --- **Lincoln**  
c. CITY OR TOWN **Moscow Mills** Yes  No   
d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**Luella Grace Parker**  
4. DATE OF DEATH Month Day Year  
**March 21, 1963**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **12/30/1866** 9. AGE (last birthday) **96** 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) --- 10b. KIND OF BUSINESS OR INDUSTRY ---  
11. BIRTHPLACE (City and state or country) **Red Vermillion Twp, Kan.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Elias Hawk** 13b. MOTHER'S MAIDEN NAME **Sarah Lininger** 14. NAME OF HUSBAND OR WIFE **Dr. James 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. ---  
17. INFORMANT **Masonic Home of Mo. 5351 Delmar Blvd. Carl J. Stein** Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **CEREBRAL HEMORRAGE WITH RIGHT HEMIPLEGIA AND APHASIA**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **HYPERTENSION**  
DUE TO (c) **ARTERIO-SCLEROSIS, GENERALIZED**  
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. **331X**  
 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 a.m. p.m. 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. I attended the deceased from **DEC. 14, 1951** to **MARCH 21, 1963** and last saw her <sup>her</sup> <sub>him</sub> alive on **MARCH 21, 1963**  
Death occurred at **10** A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert A. Hall, M.D.** 22b. ADDRESS **5351 DELMAR, ST. LOUIS, MO.** 22c. DATE SIGNED **3-21-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal (Auto)** 23b. DATE **3/22/1963** 23c. NAME OF CEMETERY OR CREMATORY --- 23d. LOCATION (City, town, or county) (State) **Troy, Mo.**

24. FUNERAL DIRECTOR **Kemper - Marsh Funeral Home; Troy, Mo** 25. DATE RECD. BY LOCAL REG. **MAR 21 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

**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 Joseph A. Marsh Sr.

Licensed Embalmer No. 5105

P. O. Address Troy, 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.