

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021177

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310 Primary-Registration District No. 3058 Registrar's No. 168

FILED JUN 10 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
(INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>ST. CHARLES</b>		Length of stay in 1b <b>2 DAYS</b>	c. CITY OR TOWN <b>ST. CHARLES</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. JOSEPH'S HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>611 LINDEN WOOD</b>
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>GEORGE</b> Last <b>PARKER</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never-Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-26-91</b>
9. AGE (last birthday) <b>71</b>		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) <b>OFFICE MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MACHINE SHOP</b>	11. BIRTHPLACE (City and state or country) <b>ST. CHARLES, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>HENRY PARKER</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY ANN KIENZLE</b>		14. NAME OF HUSBAND OR WIFE <b>KATHRYN GRAY PARKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) <b>YES W.W.I</b>		17. INFORMANT <b>35 MRS. KATHRYN PARKER, ST. CHARLES, MO.</b>	
18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO (b) <b>Generalized Atherosclerosis advanced</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>
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 <b>ST. CHARLES</b>		COUNTY <b>MO.</b>	
21. I attended the deceased from <b>5/30/63</b> to <b>6/1/63</b> and last saw him alive on <b>6/1/63</b> . Death occurred at <b>2:45 pm, 6/1/63</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. G. Gager, M.D.</b>		22b. ADDRESS <b>304 So. 2nd, St. Charles, Mo</b>	
22c. DATE SIGNED <b>6/4/63</b>		23a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>4 JUNE 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHN'S CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>ST. CHARLES</b>		23e. STATE <b>MO.</b>	
24. FUNERAL DIRECTOR <b>PRINSTER-BAUE F.H. INC. ST. CHARLES, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6/4/63</b>	
26. REGISTRAR'S SIGNATURE <b>Mary E. Jackson, Sec'y. Div. Reg.</b>			

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**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 Frederic W. Baine

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.