

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6904 **63-048190**
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6904

FILED JAN 9 1964		
1. PLACE OF DEATH		
a. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Length of stay in 1b 34 yrs.		
c. FULL NAME OF (If NOT, in hospital, give location) HOSPITAL OR INSTITUTION 1700 Prospect Ave. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. STATE Missouri b. COUNTY Jackson		
c. CITY OR TOWN Kansas City, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) 1700 Prospect Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARTHA Middle PARKER Last PARKER		
4. DATE OF DEATH December 18, 1963		
5. SEX female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH 5-12-92	9. AGE (last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
11. BIRTHPLACE (City and state or country) Alabama	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Whitfield		13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE E. D. 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. [redacted]		17. INFORMANT Mattie Williams, 1700 Prospect Address
18. CAUSE OF DEATH (Enter only one cause per line)		
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardiovascular disease.		
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.)
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 11-16-63 to 12-18-63 and last saw her alive on 12-18-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 1222 McGee, Kansas City, Mo.
22c. DATE SIGNED 12-20-63		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12.23.63	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery
23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K. C., Mo.	25. DATE RECD. BY LOCAL REG. 12-20-63	26. REGISTRAR'S SIGNATURE Bessie Smith

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1

2 **3258**

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12 **90-0**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **D. M. Nigro**

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 Millard B. Parker

Licensed Embalmer No. 5013

P. O. Address A. C. M. &

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.