

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9172**

9172

24

S. No. 300
v. 10.48

FILED MAR 25 1952

REG. DIST. NO. **5744** PRIMARY REG. DIST. NO. **333**

Registrar's No. **24**

3680

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) No Street Number	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Monroe c. (Last) Parker			4. DATE OF DEATH (Month) (Day) (Year) 3-14-1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1874
9. AGE (In years last birthday) 77		10. MONTHS 7	10. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Benjamin Parker		13b. MOTHER'S MAIDEN NAME Virginia Sæet	14. NAME OF HUSBAND OR WIFE Ollie Parker, Clarksburg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ollie Parker, Clarksburg, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) Clarksburg Moniteau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 1, 1949 to March 19, 1952 , that I last saw the deceased alive on March 19, 1952 , and that death occurred at 10 PM , from the causes and on the date stated above.			
23a. SIGNATURE H. R. Popejoy, M.D. (Degree or title)		23b. ADDRESS California	
23c. DATE SIGNED 3/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/52	
24c. NAME OF CEMETERY OR CREMATORY Clarksburg Masonic		24d. LOCATION (City, town, or county) (State) Clarksburg, Mo.	
DATE REC'D BY LOCAL REG. 3-17-52		REGISTRAR'S SIGNATURE H. R. Popejoy, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE R. Jones		ADDRESS Clarksburg, Mo.	

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

Student Embalmer

Signed James E. Pugh
Licensed Embalmer No. 5466
P. O. Address Lepton 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 this body is not embalmed, fact should be so stated above.