

FILED MAR 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 9632

No. 300

10.48

BIRTH NO. REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>01</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Richmond Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray County Infirmary</u>			d. STREET ADDRESS (If rural, give location) <u>3 miles South Richmond West Hwy 13</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>PARKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Richmond</u>	9. AGE (In years last birthday) <u>43</u> Months <u>Richmond</u> Days <u>Richmond</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; miner</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William W. Parks</u>		13b. MOTHER'S MAIDEN NAME <u>Curley Edward</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Parks</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Parks Richmond Missouri</u>			
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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) <u>Cerebral Haemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Arterio Sclerosis					
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>					
	DUE TO (c) <u>*****</u>					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richmond Missouri</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
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22. I hereby certify that I attended the deceased from Feb. 12, 1949, to Mar 11, 1949, that I last saw the deceased alive on Feb 17, 1949, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. G. Ray M.D.</u>		23b. ADDRESS <u>Gay Building Richmond, Missouri</u>	23c. DATE SIGNED <u>Mar. 14, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Richmond 13/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>County Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Ray Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 19 1949</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>First City Funeral Home Richmond Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number 349

Date Filed 3-22-49

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

*George White*

Licensed Embalmer No. 4666

P. O. Address Pittsford, N.Y.

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.