No. 300
10.48

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9633
State File No.

BIRTH NO. REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) County Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Henrietta
d. STREET ADDRESS (If rural, give location) Henrietta Mo

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle)
c. (Last) PARKS

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 - 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 25 - 1882
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months 11, Days 1 — IF UNDER 24 HRS.: 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 (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Allender
13b. MOTHER'S MAIDEN NAME Lizzie Davis
14. NAME OF HUSBAND OR WIFE Tom Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Frank Brown — **ADDRESS** Higginsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio-sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 20 1949, *to* Feb 26 1949 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE E. E. Fay MD (Degree or title)
23b. ADDRESS Richmond Mo
23c. DATE SIGNED 2-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 28 - 1949
24c. NAME OF CEMETERY OR CREMATORY Dover Cemetery
24d. LOCATION (City, town, or county) Dover (State) Mo.

DATE REC'D BY LOCAL REG. Mar. 28. 1949
REGISTRAR'S SIGNATURE Mabel Jackson 273
25. FUNERAL DIRECTOR'S SIGNATURE Thomas G. Carter **ADDRESS** Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 3-15-49

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.

Signed Thomas J. Carter

Signed .....
Student Embalmer

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.