

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11159

State File No. \_\_\_\_\_

9100

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4475 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malta Bend, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malta Bend</b>	
c. LENGTH OF STAY (in this place) <b>5 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>No. Street Number</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No Street Number</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>No. Street Number</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Edward</b> c. (Last) <b>Parks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 3 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/26/1884</b>
9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR: Months <b>11</b> Days <b>7</b>	IF UNDER 2 HRS. Hours <b>7</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Camden Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>James K. Parks</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Jane Gregory</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Icline Parks</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>508-07-8291</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. James E. Parks, Malta Bend, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <i>Coronary Occlusion</i></b> <b>2. ANTECEDENT CAUSES: (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></b> <b>3. DUE TO (c) <i>None</i></b> <b>4. OTHER SIGNIFICANT CONDITIONS: (d) <i>None</i></b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 <b>immediately after death</b> , 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:20 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. Lawless - Coroner Saline Co. &amp; Marshall Mo.</b>		23b. ADDRESS <b>Marshall Mo.</b>	23c. DATE SIGNED <b>3-3-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 6 - 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Malta Bend Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Malta Bend, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Mar 4 1949</b>	REGISTRAR'S SIGNATURE <b>Sidney T Gray</b>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Leslie Swanson Marshall Mo</b>

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

4-1-49

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 J. Leslie Swanson

Licensed Embalmer No. 32858

P. O. Address Marshall, 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.