

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34410**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **363**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Hannibal</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1103 Center</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Long's Nest Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mattie K.</b> b. (Middle) <b>Parks</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>October 23, 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 31, 1868</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Hannibal Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Alexander Velie</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Buchanan</b>		14. NAME OF HUSBAND OR WIFE <b>Theron Barton Parks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. S.F. Schultz Hannibal Missouri</b>	

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) <b>Multiple Recurrent cerebral accidents about 1948.</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. Valvular Disease Cardiac about 10yrs</b> DUE TO (c) <b>General Debility - old age about 10yrs.</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>33X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 **1940**, 19\_\_\_\_, to **Oct 23, 1949**, that I last saw the deceased alive on **Oct 22, 1949**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. E. Kutzman M.D.</b>			23b. ADDRESS <b>Hannibal Missouri</b>			23c. DATE SIGNED <b>Oct 24-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/26/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>		

DATE REC'D BY LOCAL REG. <b>10-29-49</b>		REGISTRAR'S SIGNATURE <b>R. E. M. Lucase</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. Crawford Smith</b>		ADDRESS <b>Hannibal Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*John S. Ward*

Licensed Embalmer No. .... 4510 .....

P. O. Address..... Hannibal Missouri .....

**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.