FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42193

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 456

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
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) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Perry Twp. 94
d. STREET ADDRESS (If rural, give location) R-1 Bonne Terre

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

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 11, 1902
9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months 11 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tabarer
10b. KIND OF BUSINESS OR INDUSTRY Valley Dolomite
11. BIRTHPLACE (State or foreign country) Irondale Mo 6
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lemuel Parks
13b. MOTHER'S MAIDEN NAME Lettie May Warren
14. NAME OF HUSBAND OR WIFE Mildred Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 498-10-9908
17. INFORMANT'S SIGNATURE OR NAME Mildred Parks, Bonne Terre Mo ADDRESS R R 1.

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) Traumatic amputation of both legs. — INTERVAL BETWEEN ONSET AND DEATH 14 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION 12-16-49
19b. MAJOR FINDINGS OF OPERATION Traumatic amputation through both thighs.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Dolomite plant.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bonne Terre, Missouri St. Francois

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 16, 1949 9:00 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell under moving freight cars. 94

22. *I hereby certify that I attended the deceased from* 12-16-49, 19__, *to* 12-16, 1949, *that I last saw the deceased alive on* 12-16, 1949, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Van W. Taylor M.D.
23b. ADDRESS Bonne Terre, Missouri
23c. DATE SIGNED 12-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 18, 1949
24c. NAME OF CEMETERY OR CREMATORY Primrose
24d. LOCATION (City, town, or county) (State) R-1 Bonne Terre Mo

DATE REC'D BY LOCAL REG. Dec. 22, 1949
REGISTRAR'S SIGNATURE Esther Rudloff C 289
25. FUNERAL DIRECTOR'S SIGNATURE Benham Undo ADDRESS Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

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

12-27-49

Certificate No. 4

Registration No. 1249-1

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 Clarence J. Claywell

Licensed Embalmer No. 3296

P. O. Address Bonne Terre Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.