

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7428
 Registrar's No. 15

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>6269</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>		c. LENGTH OF STAY (In this place) <u>28 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>		<u>112</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Webster County Farm</u>				d. STREET ADDRESS (If rural, give location) <u>City Limits 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>PARKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Aug. 12, 1882</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Plastering</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethmer George Marshfield Mo</u>			ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>W. P. S. E. U.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						INTERVAL BETWEEN ONSET AND DEATH <u>57:30</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> WHILE AT HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>					
22. I hereby certify that I attended the deceased from <u>2-1-</u> , 19 <u>49</u> , to <u>2-6-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-3-</u> , 19 <u>50</u> , and that death occurred at <u>4:20 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. F. Schmitt M.D.</u> (Degree or title)				23b. ADDRESS <u>Union, Mo</u>		23c. DATE SIGNED <u>2-14-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/15/50</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce</u>		ADDRESS <u>Marshfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1124
5

RECEIVED FEB 20 1950
District Health Office No. 6,
District File Number 250-274
Date Filed 2-20-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arthur Bruce

Signed.....
Student Embalmer

Licensed Embalmer No. 4723

P. O. Address Marshfield, 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.