

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13187
State File No. 1703

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1703	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shawnee		6150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 5920 Stearn			
3. NAME OF DECEASED (Type or Print) a. (First) EVERETT EVERETT		b. (Middle) E.		c. (Last) PARKS		4. DATE OF DEATH (Month) (Day) (Year) April 9, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 8, 1906	
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ticket Agent		10b. KIND OF BUSINESS OR INDUSTRY T.W.A.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rufus Parks		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary A. Parks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II 486 01 9960		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary A Parks Shawnee, Kansas			
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) Myocardial failure, congestive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Aneurism, dissecting, aorta (M.S.) DUE TO (c) + duodenal gastric ulcerations II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk. 1 mo + 451X 2 wk.	
19a. DATE OF OPERATION 4-8-50		19b. MAJOR FINDINGS OF OPERATION Perforation, gastric ulcer & inflammatory mass				20. AUTOPSY? YES <input checked="" 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)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May, 1948, to 4-9-1950, that I last saw the deceased alive on 4-9-50, and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE James A. Jarvis		(Degree or title) M.D.		23b. ADDRESS 411 Alameda Rd., K.C. Mo.		23c. DATE SIGNED 4-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-11-50		24c. NAME OF CEMETERY OR CREMATORY Kidds Cemetery		24d. LOCATION (City, town, or county) (State) R# Lowry City, Missouri	
DATE REC'D BY LOCAL REG. 4-11-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Paul Amos 10901 Johnson Drive Shawnee, Kansas			

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

MAY 17 1950

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. Royce Hoyle*

Licensed Embalmer No. *3579*

P. O. Address *Orleans Park Ms.*

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.