

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25713

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Ste Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Ste Genevieve	
b. CITY OR TOWN Union Township		c. CITY OR TOWN Union Township	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) Farmington R.R.2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farmington R.R.2			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Van	c. (Last) Parks	4. DATE OF DEATH (Month) (Day) (Year) Jul 3 3 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR (Months) 1	IF UNDER 24 HRS. (Hours) 18	IF UNDER 60 MIN. (Mins.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) St Francois Co, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Parks	13b. MOTHER'S MAIDEN NAME Margaret Jartelys	14. NAME OF HUSBAND OR WIFE Julia Ann Briley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances Miles, Farmington, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days 4200 Years Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis/Heart Disease & Compensative Heart Failure		
	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 Chronic cholecystitis & lithiasis Carcinoma of prostate		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 2, 1950, to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE F. Richard Cranch, M.D. (Degree or title)	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 7-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE 7/6/50	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Mo
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DATE REC'D BY LOCAL REG. July 8, 1950	REGISTRAR'S SIGNATURE L. D. Karl	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. Keet Miller Funeral Home, Farmington, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

750
1

RECEIVED

District Health Officer No. 9

JUL 14 1950

District File Number _____

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.....
Student Embalmer

Signed Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.