S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7934

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 8-1951

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba
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): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba
d. STREET ADDRESS (If rural, give location): 0280 1

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): —
c. (Last): PARK

4. DATE OF DEATH (Month) (Day) (Year): 3 - 20 - 51

5. SEX: M.O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-3-1873
9. AGE (In years last birthday): 77 — If under 1 year: Months 11, Days 17 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Sgt. Vacuum Cleaner Co.
11. BIRTHPLACE (State or foreign country): Lancaster England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thos. Park
13b. MOTHER'S MAIDEN NAME: Martha Lemens
14. NAME OF HUSBAND OR WIFE: Hulda Enstall Cuba Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Evelyn Dunlap — **ADDRESS**: Cuba, Mo.

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): Bronchopneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Virus Infection
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: ✓ 491 X
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 1, 19 51, *to* Mar 20, 19 51, *that I last saw the deceased alive on* Mar 20 19 51, *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. E. G. P. Hoyzer (Degree or title) M.D.
23b. ADDRESS: Cuba, Mo
23c. DATE SIGNED: 3-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-23-1951
24c. NAME OF CEMETERY OR CREMATORY: Rinder Cemetery
24d. LOCATION (City, town, or county) (State): Cuba Mo.

DATE REC'D BY LOCAL REG.: 3-22-51
REGISTRAR'S SIGNATURE: [illegible] 372
25. FUNERAL DIRECTOR'S SIGNATURE: Paul R. Franklin — **ADDRESS**: Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 10 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....

Licensed Embalmer No. 3472

P. O. Address .....

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.