S. No. 300
v. 10-46

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12078

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Watkins
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) Cass M

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Watkins 0330
d. STREET ADDRESS (If rural, give location) 1 Mi N. of Maples Mo

3. NAME OF DECEASED (Type or Print) a. (First) Cass b. (Middle) Wesley c. (Last) Parks
4. DATE OF DEATH (Month) (Day) (Year) Apr 7 — 51
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH March 15, 1873 — 78
9. AGE (In years last birthday) 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Marries Co. Mo
12. CITIZEN OF WHAT COUNTRY? America
13a. FATHER'S NAME John W Parks
13b. MOTHER'S MAIDEN NAME Brown
14. NAME OF HUSBAND OR WIFE Rosa Ann Parks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Earl Parks ADDRESS Lenox 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) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 491X
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* Apr 1, 1951, *to* Apr 7, 1951, *that I last saw the deceased alive on* Apr 6, 1951, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Leslie Randall MD (Degree or title)
23b. ADDRESS Licking Mo
23c. DATE SIGNED 4-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 8, 1951
24c. NAME OF CEMETERY OR CREMATORY Concord Cem.
24d. LOCATION (City, town, or county) Texas Co. (State) Mo

DATE REC'D BY LOCAL REG. 4-16-51
REGISTRAR'S SIGNATURE M. M. Hart, M. D. by Mrs. 83
25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson — ADDRESS Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 24 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.

Signed Eubert E. Ferguson

Signed .....
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Licking 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.