

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5190**
Registrar's No. **581**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 4314 Harrison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Catherine b. (Middle) Parkinson c. (Last) Parkinson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952	
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5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 6, 1865	9. AGE (In years last birthday) 86 years	10. F UNDER 1 YEAR Days	10. F UNDER 2 HRS. Hour	10. F UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Edward McGinnis		13b. MOTHER'S MAIDEN NAME Ann Tavlin		14. NAME OF HUSBAND OR WIFE John Parkinson			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) No (If yes, give year or date of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Gertrude Gackle 4314 Harrison			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 42 hr	
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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 **Jan 17, 1952** to **Feb 4, 1952** that I last saw the deceased alive on **Feb 4, 1952**, and that death occurred at **8:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Edward C. Teubel (Degree or title)		23b. ADDRESS Edward C. Teubel MD H304 Troost		23c. DATE SIGNED Feb 5 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto)		24b. DATE Feb. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Topeka, Kas.	
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DATE REC'D BY LOCAL REG. 2-6-52		REGISTRAR'S SIGNATURE Deraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas E. Quirk 4316 Troost Ave.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Thomas E. Quinn
Licensed Embalmer No..... *3775*
P. O. Address..... *H. C. Mc*

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.