

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12717

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 10

0422  
0

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

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u> <u>0422</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Osteopathic</u>  |  | d. STREET ADDRESS (If rural, give location) <u>R. Route</u>   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>F.</u> c. (Last) <u>Parks</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 14, 1952</u>             |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>   | 8. DATE OF BIRTH <u>Dec 13 1980</u>                                   |
| 9. AGE (In years last birthday) <u>71</u>  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Calhoun, Missouri</u>  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                              |
| 13a. FATHER'S NAME <u>William F Parks</u>  | 13b. MOTHER'S MAIDEN NAME <u>Ennice F Jones</u>  | 14. NAME OF HUSBAND OR WIFE _____   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)  | 16. SOCIAL SECURITY NO. _____  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lester Hudson</u> ADDRESS <u>Clinton Mo</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility, Debilitation</u> |   |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION <u>1561</u>   |   | 20. AUTOPSY? YES <input 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) (STATE) _____   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  | 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 <u>Jan 23, 1952</u> , to <u>April 14, 1952</u> , that I last saw the deceased alive on <u>April 14, 1952</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE <u>Robert Haswell, M.D.</u> (Degree optional)   |  | 23b. ADDRESS <u>Clinton, Mo.</u>  | 23c. DATE SIGNED <u>4-15-52</u>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>April 16/52</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cem</u>   | 24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>       |
| DATE REC'D BY LOCAL REG. <u>April-21-52</u>  | REGISTRAR'S SIGNATURE <u>Florence Adams</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Conser</u> ADDRESS <u>Clinton Mo</u>   |   |

**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 E Conalus

Licensed Embalmer No. 1891

P. O. Address Clinton 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.