S. No. 300
v. 10.48

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23957

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Clinton Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron
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) 422 W 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron 0351
d. STREET ADDRESS (If rural, give location) 422 W 5th St. 5

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Evan c. (Last) Park

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 52

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct 4-1859
9. AGE (In years last birthday) 92 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) Horse breeder
10b. KIND OF BUSINESS OR INDUSTRY Horse trainter
11. BIRTHPLACE (State or foreign country) Stewartsville 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm G Park
13b. MOTHER'S MAIDEN NAME Jane C Hall
14. NAME OF HUSBAND OR WIFE Ellen Park

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. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ellen Park ADDRESS Cameron

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized & Cerebral
DUE TO (c) Arteriosclerosis

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 4221
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* 1949, 19__, *to* 7-29, 1952, *that I last saw the deceased alive on* 7-29, 1952, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE G Kimes MD (Degree or title)
23b. ADDRESS Cameron, Mo
23c. DATE SIGNED 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 7-31-52
24c. NAME OF CEMETERY OR CREMATORY Harlan Cemetery
24d. LOCATION (City, town, or county) Clinton Co. (State) Mo

DATE REC'D BY LOCAL REG. 8-2-52
REGISTRAR'S SIGNATURE Winifred W. Moser 390
25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home ADDRESS Cameron

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 4777

P. O. Address [illegible]

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.