

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1573

State File No. _____

FILED FEB 14 1953
BIRTH NO. 60975

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 193

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Menorah Hospital K.C. Mo | | d. STREET ADDRESS (If rural, give location) 6019 S. Benton | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) BABY RICHARD b. (Middle) JOSEPH c. (Last) PARK | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1953 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Aug. 2, 1952 | 9. AGE (In years last birthday) 5 MONTHS 11 DAYS 11 HOURS 11 MIN. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. D | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Joseph W. Park | 13b. MOTHER'S MAIDEN NAME Josephine Stallbories | 14. NAME OF HUSBAND OR WIFE --- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Joseph W. Park ADDRESS K.C. Mo. |
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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 | | INTERVAL BETWEEN ONSET AND DEATH 12 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute laryngo-tracheo-bronchitis | | |
| | 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. | | | 500h |

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| 19a. DATE OF OPERATION 1/10/53 | 19b. MAJOR FINDINGS OF OPERATION Bronchoscopy & Tracheotomy for acute Bronchitis | 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) m. | 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 **Birth**, 19 **52**, to **Jan 13**, 19 **53**, that I last saw the deceased alive on **Jan 13, 1953** and that death occurred at **8:00 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Sidney W. Parkula (Degree of title) MD | 23b. ADDRESS 411 Nichols Rd K.C. | 23c. DATE SIGNED 1/14-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 16, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | 24d. LOCATION (City, town, or county) (State) Blue Ridge Blvd. Indep. Mo |
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| DATE REC'D BY LOCAL REG. 1-14-53 | REGISTRAR'S SIGNATURE Sheraldin Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell ADDRESS Indep. Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

10-10-20
10-10-20

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry F. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andover, 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.