

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10023**

FILED MAR 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1336

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

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 11 yrs		d. STREET ADDRESS (If rural, give location) 8407 Mercier	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1100 Paseo in car			

3. NAME OF DECEASED (Type or Print) CLARENCE		a. (First) Melvin	b. (Middle) PARKS	c. (Last)	4. DATE OF DEATH 3-3-53	
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Essmuller Co.		10b. KIND OF BUSINESS OR INDUSTRY Flour Mill Equipment		11. BIRTHPLACE (City and State or Foreign Country) Delphos, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Tom Parks		13b. MOTHER'S MAIDEN NAME Agnes Eaton		14. NAME OF HUSBAND OR WIFE Elsie Parks	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 511-18-6680		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie Parks		ADDRESS 8407 Mercier	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INFERRAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		DUPLICATE				11 hr	
ANTECEDENT CAUSES		DUE TO (b) Hypertension				2 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) arteriosclerosis, cerebral spst.				331X	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 9/19/51, 1951, to 3/3/53, that I last saw the deceased alive on 1/5/53, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

22a. SIGNATURE JAMES H. JAMES (Degree or title) Dr. James H. James M.D.		23b. ADDRESS Kansas City, Mo		23c. DATE SIGNED 3/4/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-5-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 3-5-53		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE STINE-McCLURE		ADDRESS Kansas City, Mo.	
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Dr. James Jarvis
4117 Williams Rd.
Jc 2020

55611953

1:16:30

571-18-6680

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 Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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.