

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21257**

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5444** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Athens</b> - township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Athens Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>plan New Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 mile S of Albany</b> <b>0380</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Alice</b> c. (Last) <b>Parks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15 1953</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 5 1863</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House Wife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Granville Akes</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Heart</b>	14. NAME OF HUSBAND OR WIFE <b>George W. Parks deceased</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marvin Parks</b> ADDRESS <b>New Hampton Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aortic Stenosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis.</b> DUE TO (c)		
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 <b>4222</b>	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 **Jan 1, 1953**, to **June 14, 1953** that I last saw the deceased alive on **June 14, 1953** and that death occurred at **11:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. G. Pray, D.O.</b>	23b. ADDRESS <b>Albany, Mo</b>	23c. DATE SIGNED <b>6-16-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 18 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Foster Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Hampton MO</b>
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DATE REC'D BY LOCAL REG. <b>June 15-53</b>	REGISTRAR'S SIGNATURE <b>Maudie Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W H Noble &amp; Son</b> ADDRESS <b>New Hampton</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 ML

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.