

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26008

FILED AUG 3 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 171	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 816 Madison			
3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) Maye		c. (Last) Park		4. DATE OF DEATH (Month) (Day) (Year) July 27, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1885		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Day 14 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Moran		13b. MOTHER'S MAIDEN NAME Madora Edelen		14. NAME OF HUSBAND OR WIFE Issac H. Park			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. I. H. Park, Saint Charles, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid Colon 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. Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 18 months	
19a. DATE OF OPERATION 6-3-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid Colon				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 24, 1953, to July 27, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 8:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE L. A. Reeves MD				23b. ADDRESS 207 N 5th St, St. Charles, Mo		23c. DATE SIGNED July 28, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Chas. Borromeo		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
DATE REC'D BY LOCAL REG. July 28 1953		REGISTRAR'S SIGNATURE Francis Hamel		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Wm. Alt Charles	

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 *Frank R. Amalson*

Licensed Embalmer No. *4832*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.