

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR BILL PARK

FILED SEP 21 1953

State File No. 31520

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 883

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) 5 WEEKS		d. STREET ADDRESS (If rural, give location) 535 SO. DOLLISON	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 535 SO. DOLLISON		e. STREET ADDRESS (If rural, give location) 535 SO. DOLLISON	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) _____ c. (Last) OVENS			4. DATE OF DEATH (Month) (Day) (Year) SEPT, 16, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL, 8, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARTS MAN		10b. KIND OF BUSINESS OR INDUSTRY ORDINANCE CO.	11. BIRTHPLACE (State or foreign country) NEW YORK, CITY N, Y.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME UNKNWON	13b. MOTHER'S MAIDEN NAME UNKNWON	14. NAME OF HUSBAND OR WIFE KATHRYN OVENS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOW	17. INFORMANT'S SIGNATURE OR NAME MRS KATHRYN OVENS	ADDRESS SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction due to Arteriosclerotic Coronary Thrombosis, Acute		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Conisiderent Supra-Pubic Prostatectomy			2 weeks

19a. DATE OF OPERATION Aug 28, 1953	19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy, Benign	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none	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 **9-4, 1953**, to **9-16, 1953**, that I last saw the deceased alive on **9/16, 1953**, and that death occurred at **7:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. Park, M.D.	23b. ADDRESS 609 Cherry, Springfield, Mo.	23c. DATE SIGNED 9/16/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/18/53	24c. NAME OF CEMETERY OR CREMATORY EASTLAWN	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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DATE REC'D BY LOCAL REG. 9-18-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN LOHMEYER	ADDRESS SPRINGFIELD, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

EXPIRES
MAY 4 1961

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 Paul Schuler

Licensed Embalmer No. 4784

P. O. Address Spokane, 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.