

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 1773

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4047 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>Hiway 71</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 71</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elihu</u> b. (Middle) <u>Scott</u> c. (Last) <u>Park</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 11, 1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u></u>	IF UNDER 1 YEAR Days <u></u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tourist Court proprietor. Own business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Liberty, Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>John Wesley Park</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jacobs</u>		14. NAME OF HUSBAND OR WIFE <u>Bess Barr Armstrong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Bess Park, Jasper, Mo.</u>	

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) <u>Acute dilation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trailing Compensation</u> DUE TO (c) <u>Coronary insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary insufficiency</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>		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 Sept, 1952, to Jan, 1954, that I last saw the deceased alive on Jan 28, 1954, and that death occurred at 9:30 am, from the causes and on the date stated above. 2/1/54

23a. SIGNATURE (Degree or title) <u>J. Darwin Magee, D.O.</u>		23b. ADDRESS <u>Jasper, Mo.</u>		23c. DATE SIGNED <u>2-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2 Feb. 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-2-54</u>		REGISTRAR'S SIGNATURE <u>Wayne B. Claitor, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Harper & Helvey</u>	

(Licensed Embalmer's Statement on Reverse Side)
Harmon T. Sharpe

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

No. 300
10-48

RECEIVED FEB 10 1954

Jasper County Health Office

County File Number 54-25-112

Date Filed FEB 10 1954

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 Ransom L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.