

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5322**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallace Memo. Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>275 Polk St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>	b. (Middle) <b>A</b>	c. (Last) <b>Park</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18 1954</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 14 1876</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Window Asher</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Laclede Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Park</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Merchant</b>	14. NAME OF HUSBAND OR WIFE <b>Cora J. Park</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>703-03-8572</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wade Park</b>	ADDRESS <b>Lebanon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>left heart failure</b>		<b>5 days</b>
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial insufficiency</b> DUE TO (c)		<b>7 years</b>
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 checked="" 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) m.	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 **1947**, to **2-18**, 1954, that I last saw the deceased alive on **2-18**, 1954, and that death occurred at **2.25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter A. ...</b>	23b. ADDRESS <b>Lebanon, Mo.</b>	23c. DATE SIGNED <b>2-19-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/20/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon</b>	24d. LOCATION (City, town, or county) (State) <b>Lebanon Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-24-1954</b>	REGISTRAR'S SIGNATURE <b>Hella L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Palmer</b>	ADDRESS <b>Lebanon Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1954

APR 14 1954

Received \_\_\_\_\_  
Laclede County Health Unit  
File No. 3-5K-38  
Date Filed MAR 2 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 L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Labanon 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.