

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22735

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>714</u>				
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY OR TOWN <u>Springfield</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>924 North Main</u>				e. STREET ADDRESS (If rural, give location) <u>924 North Main</u>				<u>03970</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>		b. (Middle) _____		c. (Last) <u>PARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>October 6, 1866</u>		9. AGE (In years) (If under 1 year last birthday) (If under 12 months) (If under 12 hours) (If under 12 min.) <u>87</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Agent</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Dr William H. Park</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Rupert</u>			14. NAME OF HUSBAND OR WIFE _____				
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs William Daggett, Brunswick, Maine</u>					ADDRESS _____	
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>Myocardial Infarction acute</u> ANTECEDENT CAUSES <u>cardiac failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>short</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>410 X</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>						
22. I hereby certify that I attended the deceased from <u>7/19, 1954</u> , to <u>7/21, 1954</u> , that I last saw the deceased alive on <u>7/20, 1954</u> , and that death occurred at <u>8:00A. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>A. H. Thomas M.D.</u>				23b. ADDRESS <u>824 Landerio Bldg</u>		23c. DATE SIGNED <u>7/22/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>7/23/54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier, Springfield, Mo</u>		ADDRESS <u>Springfield, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 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.....  
Signature of Student Embalmer

Signed *Bernard J. Wright*

Licensed Embalmer No..... 43

P. O. Address *Spring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.