

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28107

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginville		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Higginville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 W. 17th St.		f. STREET ADDRESS (If rural, give location) 104 W. 17th St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) CLAY c. (Last) PARKS			4. DATE OF DEATH (Month) (Day) (Year) August 2 1954		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 30, 1885		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR (Months) 11 Days 3	
11. BIRTHPLACE (City and State or Foreign Country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Mining	
10b. KIND OF BUSINESS OR INDUSTRY		11a. FATHER'S NAME Miles Parks		11b. MOTHER'S MAIDEN NAME Harriet Clyborne	
11c. NAME OF HUSBAND OR WIFE Emma R. Parks		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-12-1637	
17. INFORMANT'S SIGNATURE OR NAME Emma R. Parks		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bronchial asthma		19. INTERVAL BETWEEN ONSET AND DEATH 13 years	
20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 241 X	
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 Jul 4 1954 , to Aug 1 1954 , that I last saw the deceased alive on Aug 1 1954 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wilbur E. Fulperson		23b. ADDRESS Higginville, Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery	
24d. LOCATION (City, town, or county) (State) Higginville Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Baker		ADDRESS Higginville, Mo.	
DATE REC'D BY LOCAL REG. Aug 18-54		REGISTRAR'S SIGNATURE Clayton A. Landrum		154	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Forest R. Reekhoff*.....

Licensed Embalmer No. *42*.....

P. O. Address *Jiggins*.....

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.