

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33115

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1136

1. PLACE OF DEATH  
a. COUNTY Buchanan  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 14 yrs.  
c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital e. STREET ADDRESS (If rural, give location) 6615 Carnegie St.

3. NAME OF DECEASED a. (First) LULU b. (Middle) \_\_\_\_\_ c. (Last) PARKS 4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Jan. 20, 1878 9. AGE (in years last birthday) 76 If UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 6 WKS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Albany, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Powell Cox 13b. MOTHER'S MAIDEN NAME Nancy Whittington 14. NAME OF HUSBAND OR WIFE Joseph 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. none 17. INFORMANT'S SIGNATURE OR NAME Jack Parks, Son, St. Joseph, Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 72 hrs.  
ANTECEDENT CAUSES  
DUE TO (b) Arteriosclerosis yrs. \_\_\_\_\_  
DUE TO (c) Senility  
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 331X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct 23, 1954, to Oct 27, 1954, that I last saw the deceased alive on Oct 27, 1954, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS 103 W. Missouri Ave., City 23c. DATE SIGNED 10-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 29, 1954 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cem. 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Nov 3, 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE John E. Rupp, St. Joseph, Mo. ADDRESS \_\_\_\_\_

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

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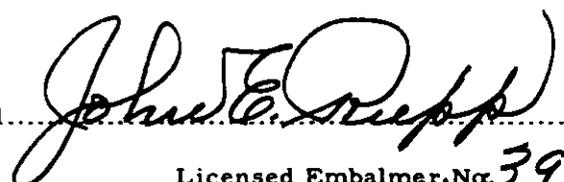
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer, No. 3980

P. O. Address St. Joseph

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.