

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33278**

FILED OCT 18 1954

0171  
0

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

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton.</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY OR TOWN <u>CARROLLTON.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ATWOOD HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>city.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>ALICE</u> c. (Last) <u>PARKS.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 28 1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED.</u>		8. DATE OF BIRTH <u>JULY 3 1883</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>HENRY Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie POWERS.</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Parks. Carroll, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John F. Parks. Carrollton, 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>Cerebral Embolism</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 <u>Sept 11</u> , 1954, to <u>Sept 28</u> , 1954, that I last saw the deceased alive on <u>Sept 28</u> , 1954, and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Platz</u>				23b. ADDRESS (Degree or title) <u>M.D. Carrollton, Missouri</u>		23c. DATE SIGNED <u>9-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 30 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>		24d. LOCATION (City, town, or county) (State) <u>Bogard Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/4/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DICKERSON FUNERAL HOME Bogard, Mo.</u>			

---

---

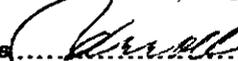
STATEMENT BY LICENSED EMBALMER

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. 416

P. O. Address.....  


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.