

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22758

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4277 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Lawrence County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Verona		c. LENGTH OF STAY (in this place) 3 wks.		c. CITY OR TOWN Marionville		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 Hendershot Rest Home				e. STREET ADDRESS (If rural, give location) 0550			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Chrish c. (Last) Parks			4. DATE OF DEATH (Month) (Day) (Year) August 1, 1955				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 7, 1879		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 8 Days 25	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jesse Arnhart		13b. MOTHER'S MAIDEN NAME Elizabeth Pendleton		14. NAME OF HUSBAND OR WIFE D. Fred Parks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Jewell Parks, Aurora, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia and Prolonged Recumbency. DUE TO (c) Arteriosclerosis.					INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X		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 7-7 , 19 55 , to 8-1 , 19 55 , that I last saw the deceased alive on 8-1 , 19 55 , and that death occurred at 11:00pm from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. Avery Watson D.O.				23b. ADDRESS 2 Verona, Mo.		23c. DATE SIGNED 8-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 4-1955	24c. NAME OF CEMETERY OR CREMATORY McNeil Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Marionville, Mo.		
DATE REC'D BY LOCAL REG. 8-3-1955		REGISTRAR'S SIGNATURE Wm. Mc Nett		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Swinidge		ADDRESS Marionville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Herman Curridge*

Licensed Embalmer No. *30*

P. O. Address *Marion*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.