

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34479

State File No. \_\_\_\_\_

FILED NOV 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4458</u>		Registrar's No. <u>58</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clair</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Collins</u>		c. LENGTH OF STAY (In this place) <u>6 months</u>		c. CITY OR TOWN <u>Gerster</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0900</u>				
3. NAME OF DECEASED a. (First) <u>George</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Parke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct; 27, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 29, 1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas L. Parke</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Wheeler</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 ADDRESS <u>Jewell Brown, Collins 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				INTERVAL BETWEEN ONSET AND DEATH
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocardial degeneration</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. <u>4222</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) m.		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>4-20</u> , 19 <u>55</u> to <u>10-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>55</u> , and that death occurred at <u>7:45 PM</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. E. D. Brown D.O.</u>				23b. ADDRESS <u>Collins Mo</u>		23c. DATE SIGNED <u>10-28-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butcher</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-3-55</u>		REGISTRAR'S SIGNATURE <u>Paul Sasser</u> <u>288-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Madison Funeral Home, Excelsior Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300  
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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 *J. B. Brundish*.....

Licensed Embalmer No. *303*.....

P. O. Address *Ocala*.....

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.