

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

State File No. **10190**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio b. COUNTY Hamilton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY OR TOWN Cincinnati	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6 Day		e. STREET ADDRESS (If rural, give location) 1912 Goodman Avenue 83408	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Cyrus c. (Last) Parks			4. DATE OF DEATH (Month) (Day) (Year) Apr 2 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 10 1879	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Bowling Green Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Eugene W. Parks	13b. MOTHER'S MAIDEN NAME Ida Fant	14. NAME OF HUSBAND OR WIFE Corinne Parks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Corinne Parks 1912 Goodman ave Cincinnati 0

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac failure		DUE TO (b) Brain injury		immediate
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Basilar skull fracture		5 days
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	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) Cincinnati OH
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 **3-27-1956**, to **4-2-1956** that I last saw the deceased alive on **4-2-1956** and that death occurred at **3:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ervin J. Maveal DO	23b. ADDRESS Waynesville, Missouri	23c. DATE SIGNED Apr 2 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr 2 1956	24c. NAME OF CEMETERY OR CREMATORY Mount Healthy Cemetery Cincinnati
24d. LOCATION (City, town, or county) (State) OHIO	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bluedorn & Sons FUNERAL HOMES CROCKER, MO	

DATE REC'D BY LOCAL REG. 4-2-56	REGISTRAR'S SIGNATURE Carla Grace Anderson	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bluedorn & Sons FUNERAL HOMES CROCKER, MO
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(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1956

MAY 28 1956

MAY 16 1956

RECEIVED 4-5-56
Health County Health Office
File Number
Date Filed 4-7-56

CHIEF OF BUREAU

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 *Clarence Thorse*

Licensed Embalmer No. 40

P. O. Address *Wagoner*

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