

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19463

State File No.

FILED JUN 27 1956

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 40 of Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Savannah		c. LENGTH OF STAY (in this place) 5 years	c. CITY OR TOWN Savannah
d. FULL NAME OF HOSPITAL OR INSTITUTION 702 Price		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 702 Price	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) THORNTON	c. (Last) PARK	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 18, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Phillipsburg, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frances M. Park	13b. MOTHER'S MAIDEN NAME Margaret Crane	14. NAME OF HUSBAND OR WIFE Mary Park
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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. 521-32-6851	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Park, 702 Price, Savannah, Mo.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lt Lung - metastasis 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 3 mo.
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 163x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-1, 1954 to 6-20, 1956, that I last saw the deceased alive on 6-19, 1956, and that death occurred at 10:10p.m., from the causes and on the date stated above.

23a. SIGNATURE Warren E. Baker (Degree or title) _____	23b. ADDRESS Savannah, Mo.	23c. DATE SIGNED 6-22-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/24/1956	24c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	24d. LOCATION (City, town, or county) (State) White Cloud, Kansas
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DATE REC'D BY LOCAL REG. 4-25-56	REGISTRAR'S SIGNATURE Tellean Sparks	25. FUNERAL DIRECTOR'S SIGNATURE Hector-Bauman	ADDRESS St Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *James P. Hawkins*.....
Licensed Embalmer No. *453*
P. O. Address *319 E. 10th St.*

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.