

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26398

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>COOPER</u>		
b. CITY OR TOWN <u>BOONVILLE</u>		c. LENGTH OF STAY (in this place) <u>3 YRS</u>		c. CITY OR TOWN <u>BOONVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) <u>GENERAL LAFAYETTE PARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN. 3, 1893</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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 <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	
13a. FATHER'S NAME <u>B.L. PARK</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA LOU GAULT</u>		14. NAME OF HUSBAND OR WIFE <u>ADA VALENTINE PARK</u>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS G.L. PARK</u> ADDRESS <u>BOONVILLE, 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>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left hemiplegia</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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1953</u> , to <u>Aug 26, 1956</u> , that I last saw the deceased alive on <u>July 1956</u> , and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M.D. Shaw</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Jamette Mo.</u>	
23c. DATE SIGNED <u>8-27-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/28/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CARPENTER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Schaefer</u> ADDRESS <u>Boonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/28/56</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Schaefer</u> ADDRESS <u>Boonville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3810

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 *Berry W. Thacher*.....

Licensed Embalmer No. *394*.....

P. O. Address *Bronville*.....

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.