

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26699

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5503 Registrar's No. 239

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give RURAL and give town(ship)) <u>Bethlehem Twp</u>		c. CITY OR TOWN <u>Brownington Rt 2</u>	
c. LENGTH OF STAY (in this place) <u>life</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 <u>Brownington Rt 2</u>		e. STREET ADDRESS (If rural, give location) <u>Bethlehem Twp Brownington Rt 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTELL</u> b. (Middle) <u>IVAN</u> c. (Last) <u>PARKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	8. DATE OF BIRTH <u>Mar 3 1910</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elmer Parks</u>	13b. MOTHER'S MAIDEN NAME <u>Budie Munson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>490 16 6949</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jovonne Parks</u>	ADDRESS <u>Clinton Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u> <u>2 yr</u> <u>6 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilatation heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>myocarditis</u>		
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"/>
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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) <u>4222</u>
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1956, to 8-4, 1956, that I last saw the deceased alive on 12-20-55, 1955, and that death occurred at 12:30 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. Walker</u>	23b. ADDRESS <u>M. D. Clinton Mo</u>	23c. DATE SIGNED <u>8-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 7 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Henry County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-6-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Bigman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SEABER</u>	ADDRESS <u>Funeral Home Clinton Mo</u>
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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 *F. L. Schaberg*

Licensed Embalmer No. *451*

P. O. Address *Clinton*

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.