

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34166

FILED NOV 2-1956

STATE FILE NUMBER

4475

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3225 THE PASAD			Length of stay in 38 YEARS		d. STREET ADDRESS 3225 THE PASAD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle A. Last PARKINSON				4. DATE OF DEATH Month OCT. Day 12 Year 1956					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1873		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - LEGAL DEPT.			10b. KIND OF BUSINESS OR INDUSTRY RECONSTRUCTION FINANCE CORPORATION		11. BIRTHPLACE (City and state or country) SPRINGFIELD ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME WILLIAM H. PARKINSON				14. MOTHER'S MAIDEN NAME SARAH JANE BRADFORD					
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. 491-32-629		17. INFORMANT MINNIE DEWEY PARKINSON Address 3225 THE PASAD KANSAS CITY MO				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Degeneration. DUE TO (c) Senile Arterio-sclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 3 months ago had acute Pulmonary edema.								INTERVAL BETWEEN ONSET AND DEATH less than 1-minute 1 year unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1954 to Oct-12-1956 and last saw her alive on Oct-11-1956 Death occurred at 1:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Herbert Tuthill M.D.				22b. ADDRESS 1211 Rialto Bldg.		22c. DATE SIGNED OCT 13-1956			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT-15-1956	23c. NAME OF CEMETERY OR CREMATORY D.R. NEWCOMER'S SONS VAULTS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI				
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1391 BRUSH CREEK KANSAS CITY MO			25. DATE RECD. BY LOCAL REG. 10-15-56		26. REGISTRAR'S SIGNATURE Neva Minshall				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Herbert Tuthill

000-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chester K Brown*.....

Licensed Embalmer No. *4*.....

P. O. Address *KE*.....

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.