No. 300
10.48

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

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37341

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Keytesville, Twp.
c. LENGTH OF STAY (In this place): 77 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9-Miles S.E.Keytesville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Keytesville Twp.
d. STREET ADDRESS (If rural, give location): 9-Miles S.E. Keytesville

3. NAME OF DECEASED (Type or Print)
a. (First): Lorenzo
b. (Middle): Berry
c. (Last): Parks

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28th, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 2nd, 1879
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 DAY: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Parks
13b. MOTHER'S MAIDEN NAME: Martha Ann Butler
14. NAME OF HUSBAND OR WIFE: ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-42-7650
17. INFORMANT'S SIGNATURE OR NAME: William Parks, Salisbury, Mo. — ADDRESS

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 Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 157.X

II. OTHER SIGNIFICANT CONDITIONS* *Conditions contributing to the death but not related to the disease or condition causing death.* Hemiplegia (Cerebral) — 6 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 15, 1950 *to* 11-28, 1956, *that I last saw the deceased alive on* 11/28, 1956, *and that death occurred at* 8:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: F.W. Hawkins (Degree or title) MD
23b. ADDRESS: Salisbury Mo
23c. DATE SIGNED: 11-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 30th, 1956
24c. NAME OF CEMETERY OR CREMATORY: Asbury Cemetery
24d. LOCATION (City, town, or county) (State): Chariton County, Mo.

DATE REC'D BY LOCAL REG.: 11-30-56
REGISTRAR'S SIGNATURE: F.W. Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE: H.D. Barnett — ADDRESS: Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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APR 10 1958

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 .....
Student Embalmer

Signed H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Key West Me.

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 this body is not embalmed, fact should be so stated above.