Health, & Welfare
S. Public
h Service

S. 300
v. 1-56

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 15127

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3925

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo-Pac Hospital — Length of stay in 1b: 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location): 141 S. Glenwood — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: R Last: PARKS

4. DATE OF DEATH Month: 4 Day: 23 Year: 1957

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: April 11, ~~1883~~ 1887

9. AGE (In years last birthday): ~~74~~ 70

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired engineer

10b. KIND OF BUSINESS OR INDUSTRY: Mo-Pac Railroad

11. BIRTHPLACE (City and state or country): Swanswick, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Parks

14. MOTHER'S MAIDEN NAME: Mollie Hodges

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.: no

17. INFORMANT Address: Edna E. Parks, 141 S. Glenwood Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes melletus — 5 yrs.
DUE TO (c) Perineal uniary phistula

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 260X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 9, to April 23, 1957 I last saw her/him alive on 4/23/57
Death occurred at 4 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. E. Wells D. Jones

22b. ADDRESS: Mo Pac Hosp

22c. DATE SIGNED: 24 Apr 57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 4-24-57

23c. NAME OF CEMETERY OR CREMATORY: Mount Washington

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: C. R. Lupton & Sons-7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG.: APR 24 '57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 10 1957

Dr. ALVIN VITT
JE 3-3661

2 Dromaire Road
Dr. Naryka
D. N. Chia

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 386

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.