No. 300
10-48

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28860

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: NEW MADRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CATRON Lewis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME 5 Mi N.W. of Lilbourn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEW MADRID
c. CITY OR TOWN: CATRON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): ROUTE # 1

3. NAME OF DECEASED (Type or Print): a. (First) RICKY b. (Middle) JEAN c. (Last) PARKS

4. DATE OF DEATH (Month) (Day) (Year): AUG. 3, 1957

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: JUNE 22, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months 1, Days 11; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (City and State or Foreign Country): SIKESTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME: WILMA JEAN PARKS
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: WILLIE PARKS **ADDRESS:** ROUTE 1 CATRON, MO.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-Enteritis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Malnutrition
DUE TO (c)

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: 5710
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* Aug 1, 1957, *to* Aug 3, 1957, *that I last saw the deceased alive on* Aug 4, 1957, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Jones MD
23b. ADDRESS: Lilbourn Mo
23c. DATE SIGNED: Aug. 8 '57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 4, 1957
24c. NAME OF CEMETERY OR CREMATORY: PORTAGEVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): PORTAGEVILLE, MISSOURI

DATE REC'D BY LOCAL REG. 8-10-57
REGISTRAR'S SIGNATURE: H. L. Ponder Deputy
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

218
0

DATE RECEIVED AUG 13 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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