

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35564**

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 5484		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY OR TOWN Rural Butler Twp		c. LENGTH OF STAY (in this place) 14 yrs		c. CITY OR TOWN McFall		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles Southeast of New Hampton				e. STREET ADDRESS (If rural, give location) 8 miles Southeast of New Hampton Mo 0416a			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Henderson		c. (Last) Parks		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Feb 26, 1892	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) McFall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Parks		13b. MOTHER'S MAIDEN NAME Mary Alice AKes		14. NAME OF HUSBAND OR WIFE Lola Parks			
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. 498-40-6280		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lola Parks McFall, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Hanging ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. RESIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Born on Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mc Fall Harrison Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ernest L Wood D.O. (Coroner)				23b. ADDRESS Bethany - Missouri		23c. DATE SIGNED 11-7-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-8-57		24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Harrison County Missouri	
DATE REC'D BY LOCAL REG. 11-8-57		REGISTRAR'S SIGNATURE Zella Maxey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Noble - Son New Hampton, Mo.			

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

NOV 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William George Noble*

Licensed Embalmer No. *49*

P. O. Address *New Han*

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.