

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1373

State File No.

312

| | | | | | | | | |
|--|--|---|--|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City | | a. STATE Missouri | | b. COUNTY Laclede | | |
| c. LENGTH OF STAY (In this place) 2 Mon. | | c. CITY OR TOWN Lebanon | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | e. STREET ADDRESS (If rural, give location) Plato Star Route | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 87th & Blue Ridge | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Cora | | b. (Middle) Jane | | c. (Last) Park | | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | Jan. 20, 1958 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Mar. 21, 1875 | | |
| 9. AGE (In years last birthday) 82 | | 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) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | | 11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Missouri | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME Joe Jolley | | 13b. MOTHER'S MAIDEN NAME Eliza Bolles | | 14. NAME OF HUSBAND OR WIFE Samuel A. Park (Dec.) | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Waiden Park, Lebanon, Missouri | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident | | ANTECEDENT CAUSES | | | | | 48 hrs | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | 2 mos. | |
| DUE TO (b) Previous Cerebral Vascular incident | | DUE TO (c) | | | | | 331X | |
| 11. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease | | | | | 2 yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.) | | 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 7-22, 1954 , to Jan 20, 1958 , that I last saw the deceased alive on Jan 12, 1958 , and that death occurred at 10:15 p.m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) William F. Bell M.D. | | | | 23b. ADDRESS Lebanon Mo 310 | | 23c. DATE SIGNED Jan 20-58 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Jan. 21, 1958 | | 24c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery | | 24d. LOCATION (City, town, or county) (State) Lebanon, Mo. | | |
| DATE REC'D BY LOCAL REG. 1-21-58 | | REGISTRAR'S SIGNATURE neva minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Palmer Funeral Home, Lebanon, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
William F. Bell



FEB 25 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..... Signature of Student Embalmer

Signed *B. Longford*

Licensed Embalmer No. 496

P. O. Address Lee's Summit

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.