

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021099

STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff 0124
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 423 Pine
			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Opal Mae Parks			4. DATE OF DEATH Month Day Year June 20 1958			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 2, 1908	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days 9 18	IF UNDER 24 HRS. Hours Min. 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Frances, Arkansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James Monroe Cluck	13b. MOTHER'S MAIDEN NAME Lola Belle Sprague	14. NAME OF HUSBAND OR WIFE Ralph Parks
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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. 488 26 - 4706 unknown	17. INFORMANT Ralph D. Parks	Address 1934 McKenley-Montgomery Alabama
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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 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) THROMBOPHLEBITIS LEFT LEG	3 WEEKS
	DUE TO (c) 463X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 24 MAY 1958, to PRESENT and last saw her alive on 19 JUNE 58  
Death occurred at A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Norman E. Willis MD	(Degree or title)	22b. ADDRESS POPLAR BLUFF MO	22c. DATE SIGNED 20 JUNE 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-23-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
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24. FUNERAL DIRECTOR Landess Funeral Home Campbell, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6/28/58	26. REGISTRAR'S SIGNATURE R. Monroe
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Christine M. Sanders*

Licensed Embalmer No. *4327*

P. O. Address *Campbell, Md*

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.