

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039328

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 329

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo		c. CITY OR TOWN California, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If outside, give location) 309 E Howard	
3. NAME OF DECEASED (Type or print) First Middle Last Aubrey Dean Parkes		4. DATE OF DEATH Month Day Year Nov 14 1958	
5. SEX Male	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 Feb 4 1896
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Missouri Prison Moniteau Co* Mo	
11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joseph W. Parkes		13b. MOTHER'S MAIDEN NAME Etta Cooper	
14. NAME OF HUSBAND OR WIFE Iva Parkes		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. 493-32-8322		17. INFORMANT Cecil D. Parkes, Furgeson, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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	
21. I attended the deceased from 11/14/58 to 11/14/58 and last saw him alive on 11/14/58 Death occurred at St. Marys Hosp. - Jefferson City, Mo on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edward Guber M.D.</i>		22b. ADDRESS Jefferson City, Mo	
22c. DATE SIGNED 11/17/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/16/58	
23c. NAME OF CEMETERY OR CREMATORY Hope Well Cemetery		23d. LOCATION (City, town, or county) (State) Rural-Barnett, Mo	
24. FUNERAL DIRECTOR <i>Edna Boulton - Jefferson City, Mo</i>		25. DATE RECD. BY LOCAL REG. 15 Nov - 1958	
26. REGISTRAR'S SIGNATURE <i>R. P. Norris, M.D. - JR.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Jack H. Bowlin*

Licensed Embalmer No. *4933*

P. O. Address *California 140*

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.