

Health,
& Welfare
S. Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040993

STATE FILE NUMBER

DEC 1 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

444

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Sedalia</i> <i>804</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>317 E. Pettis</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>317 E. Pettis</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>OSCAR PARKS</i>			4. DATE OF DEATH Month Day Year <i>11-26-1928</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-17-1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <i>Mo Pacific RR Employee</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rubber</i>	11. BIRTHPLACE (City and state or country) <i>Sedalia Pettis Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Lewis Parks</i>	
13b. MOTHER'S MAIDEN NAME <i>Alice Parks</i>		13c. NAME OF HUSBAND OR WIFE <i>Anna Parks</i>	
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. <i>4201</i>	
17. INFORMANT Address <i>Anna Parks Sedalia Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarction</i> DUE TO (b) <i>Hypertensive arteriosclerosis HD.</i> DUE TO (c) <i>undet</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 o.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 _____, to _____ and last saw her him alive on _____ Death occurred at <i>2:50 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. C. Reynolds, M.D.</i>		22b. ADDRESS <i>104 1/2 W Main Sedalia, Mo</i>	
22c. DATE SIGNED <i>11-28-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>11-29-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill Annex Sedalia Pettis Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Truett Lee Marshall Co.</i>		25. DATE RECD. BY LOCAL REG. <i>Nov 29 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>		(Licensed Embalmer's Statement on Reverse Side)	

MEDICAL CERTIFICATION

DEC 19 1958

DEC 1 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 *Gayle H. Green*

Licensed Embalmer No. *4220*
P. O. Address *Murphy*

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.