

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010518

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Moberly</i>		c. CITY OR TOWN <i>Moberly</i> 688-3 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <i>Woodland Hospital 1 Hour</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>825 Cleveland</i>	
3. NAME OF DECEASED (Type or print) <i>FIRST MIDDLE LAST</i> LLOYD ALLEN PARKES		4. DATE OF DEATH <i>Month Day Year</i> March 26 1959	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 7 1897</i>
9. AGE (In years last birthday) <i>62</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Farmer & Stage Minding</i>	11. BIRTHPLACE (City and state or country) <i>Macon Co. Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Edmond Parkes</i>	
14. MOTHER'S MAIDEN NAME <i>Hattie A. Sherman</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes War #1</i>	
16. SOCIAL SECURITY NO. <i>490-01-2104</i>		17. INFORMANT (Address) <i>Mrs. Natalie Parkes Moberly 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>Acute anterior myocardial infarction</i> DUE TO (b) <i>Coronary Sclerosis</i> DUE TO (c) <i>4201</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
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 a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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.) <i>Mar 26 7 AM</i>	20f. CITY, TOWN, OR LOCATION <i>Moberly Mo</i>	COUNTY STATE
21. I attended the deceased from <i>Mar 26 7 AM</i> to <i>Mar 26 9 AM</i> and last saw <i>him</i> alive on <i>Mar 26 1959</i> Death occurred at <i>9:00 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or full) <i>Willie Lewis</i>		22b. ADDRESS <i>Moberly Mo</i>	22c. DATE SIGNED <i>Mar 27 1959</i>
23a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar 28 59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly Mo</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo</i>		25. DATE RECD. BY LOCAL REG. <i>3-28-59</i>	26. REGISTRAR'S SIGNATURE <i>Leah W. Lower</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

OFFICE OF THE STATE EMBALMER

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..... *P. M. Carter*.....

Licensed Embalmer No. *41*.....

P. O. Address *Moherly*.....

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.