

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017505

FILED JUN 15 1959

Registration District No. 137 Primary Registration District No. Registrar's No. 152

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEARCREEK TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CLINTON 0422 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
NORTEL (NAME OF INSTITUTION) OF MONTROSE MO.		d. STREET ADDRESS (If outside, give location) 1203 E Franklin	
HOSPITAL OR INSTITUTION		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last PHILLIP WILLIAM PARKS			4. DATE OF DEATH Month Day Year JUNE 9 1959		
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 SEPT. 2, 1925	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min. 9 7
10a. USUAL OCCUPATION (Give kind of work done even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY PEABODY COAL CO.		11. BIRTHPLACE (City and state or country) CLINTON MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME M D PARKS SR.		13b. MOTHER'S MAIDEN NAME MARGURITE WAREHAM		14. NAME OF HUSBAND OR WIFE GLORIA WARD PARKS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no known) (If yes, give year or dates of service) YES WW 2		16. SOCIAL SECURITY NO. 486-26-4614		17. INFORMANT Address GLORIA PARKS CLINTON MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution			INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9142
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Came in contact c 2300 volt switch		
20c. TIME OF INJURY Hour Month, Day, Year 10:15 a.m. 6-9-59			

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) coal mine	20f. CITY, TOWN, OR LOCATION Clinton	COUNTY Henry	STATE Mo.
21. I attended the deceased from 6-9-59 , to _____ and last saw her/him alive on Death on arrival Death occurred at 10:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE A. M. M. Schaberg, M.D.		22b. ADDRESS Clinton Mo.		22c. DATE SIGNED 6-10-59
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial	23b. DATE JUNE 11 1959	23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	23d. LOCATION (City, town, or county) (State) CLINTON MISSOURI	

24. FUNERAL DIRECTOR SCHABERG FUNERAL HOME	ADDRESS Clinton Mo.	25. DATE RECD. BY LOCAL REG. June 12-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 F. L. Schabus

Licensed Embalmer No. 4513
P. O. Address Cleburn, Mo

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.