

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011154

FILED VS. MAR 23 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1283 STATE FILE NUMBER

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b Unknown | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1620 Central Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | |
|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Charles Middle M. Last Parks | | | 4. DATE OF DEATH Month Feb. Day 29, Year 1960 | |
|--|--|--|---|--|

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Unknown | 9. AGE (last birthday) 59 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
|--------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Drygoods | 10b. KIND OF BUSINESS OR INDUSTRY Pointexter's | 11. BIRTHPLACE (City and state or country) Unknown | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
|---|---|---|---|

| | | |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Unknown |
|-----------------------------------|--|--|

| | | |
|--|--|--|
| 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. Poindexters | 17. INFORMANT Address Mrs. Ed Clark, Kansas City, 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) PULMONARY EMPHYSEMA | | INTERVAL BETWEEN ONSET AND DEATH 24 HRS | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) CORONARY ARTERY DISEASE | | 3 YRS |
| | DUE TO (c) | | |

| | |
|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
|---|--|

| | | |
|--|---|--|
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year |
|---|

| | | |
|--|--|---|
| 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
|--|--|---|

21. I attended the deceased from **13 FEB 60** to **29 FEB 60** and last saw him alive on **29 FEB 60**
Death occurred at **3 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|--|----------------------------------|
| 22a. SIGNATURE (Degree or title) [Signature] | 22b. ADDRESS 710 W 12th St - K.C. Mo. | 22c. DATE SIGNED 2 Feb 60 |
|---|--|----------------------------------|

| | | | |
|---|-------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-3-60 | 23c. NAME OF CEMETERY OR CREMATORY Greenlawn | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
|---|-------------------------|---|--|

| | | |
|---|--|--|
| 24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 3-3-60 | 26. REGISTRAR'S SIGNATURE [Signature] |
|---|--|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF WAGE ELLIOTT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Yood

Licensed Embalmer No. 417

P. O. Address X.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.