

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040968

FILED VS. DEC 5 1960
 DEED Registration District No.

15

3004

119

STATE FILE NUMBER

Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in lb. 8 hours		c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 803 Cherry		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last PARKS				4. DATE OF DEATH Month Nov. Day 28, Year 1960					
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 2, 1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Shelbyville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME George Schroth			13b. MOTHER'S MAIDEN NAME Ada F. Blazer			14. NAME OF HUSBAND OR WIFE Clem F. Parks			
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. 499-22-1739		17. INFORMANT Address Mr. Clem F. Parks, Lamar, 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) Cerebro-vascular Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 7 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterial Hypertension							Nov. 11, 1960		
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 checked="" type="checkbox"/> No <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"/> 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 Nov. 28 1960 to Nov. 28, 1960 and last saw her alive on Nov. 28, 1960 Death occurred at 4 25 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Jean T. Bichel, M.D.				22b. ADDRESS Lamar, Mo.				22c. DATE SIGNED Nov. 29, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1960		23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Mo.			
24. FUNERAL DIRECTOR ADDRESS Chiles Funeral Home, Lamar, Mo.				25. DATE RECD. BY LOCAL REG. NOV 30 '60		26. REGISTRAR'S SIGNATURE Marie Konantz			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Charles W. Child

Licensed Embalmer No. 347

P. O. Address Lamar 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.