

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021725

STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. SSA Registrar's No. 79

FILED JUL 6 1961

1. PLACE OF DEATH
 a. COUNTY JEFFERSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY JEFFERSON
 c. CITY OR TOWN FESTUS, MO. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R.R.#2 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
ROBERT LESTER PARKS JUNE 28 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-10-91 9. AGE (last birthday) 70
 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAIRY WORKER 10b. KIND OF BUSINESS OR INDUSTRY DAIRY 11. BIRTHPLACE (City and state or country) Commerce, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME COLUMBUS PARKS 13b. MOTHER'S MAIDEN NAME TENNESSEE PARKS 14. NAME OF HUSBAND OR WIFE MARGE PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT MRS MARGE PARKS, RR#2, FESTUS, MO. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiovascular disease
 DUE TO (b) _____
 DUE TO (c) _____
 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) pulmonary emphysema
 PART III. If deceased was female was there a pregnancy in last 90 days? Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 June 20, 61 to June 28, 61 and last saw her alive on June 27, 61
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree, title) 22b. ADDRESS [Address] 22c. DATE SIGNED 6/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify) _____ 23b. DATE 6-1-61 23c. NAME OF CEMETERY OR CREMATORY ROSE LAWN 23d. LOCATION (City, town, or county) (State) CRYSTAL CITY MO.

24. FUNERAL DIRECTOR JAMES R. Cady ADDRESS CRYSTAL CITY, MO 25. DATE RECD. BY LOCAL REG. 6/29/61 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 James Richard Cady

Licensed Embalmer No. 4389

P. O. Address CRYSTAL CITY, MISSISSIPPI

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.