

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018784

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 131

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED JUN 11 1962	
1. PLACE OF DEATH	
a. COUNTY <u>HENRY</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>
Length of stay in 1b <u>2 WKS</u>	c. CITY OR TOWN <u>Clinton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Nursing Home</u>	d. STREET ADDRESS (If outside, give location) <u>111 E. Elm</u>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>ELMER</u> Middle <u>-</u> Last <u>PARKS</u>	Month <u>June</u> Day <u>1</u> Year <u>1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (City and state or country) <u>Henry County MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>SAM PARKS</u>	13b. MOTHER'S MAIDEN NAME <u>CORDELLA DUNNING</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT <u>YVONNE PARKS</u>	14. NAME OF HUSBAND OR WIFE <u>Bardie E. PARKS</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>MYOCARDITIS</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 WKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CARCINOMA THROAT</u>
	DUE TO (c) <u>WAS OPERATED AT CANCER HOSPITAL COLUMBIA</u>
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"/> 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 <u> </u> a.m. <u> </u> 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.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>JAN 1960</u> to <u>JUNE 1-60</u> and last saw him alive on <u>5-29-62</u>	
Death occurred at <u>10</u> P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Clinton, MO.</u>
22c. DATE SIGNED <u>6-2-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/4/62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Good Hope</u>	23d. LOCATION (City, town, or county) (State) <u>Henry County MO.</u>
24. FUNERAL DIRECTOR <u>F. L. Schaberg</u>	25. DATE RECD. BY LOCAL REG. <u>June 4, 1962</u>
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

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 Schaberg

Licensed Embalmer No. 4513

P. O. Address Adenton, 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.

Permit Obtained
6/4/62
M.B.