

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022787

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 138 Primary Registration District No. 5526 Registrar's No. 87

FILED JUL 10 1962

| | | | | | |
|---------------------|--------------|--|------------|----------|-----------------|
| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | BY AFFIDAVIT OF |
| 1 0430 | | | | | |
| 2 0430 | | | | | |
| 3 | | | | | |
| 4 0 | | | | | |
| 5 2 | | | | | |
| 6 | | | | | |
| 7 0 | | | | | |
| 8 0 | | | | | |
| 9 177X | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 90-2 | | | | | |
| 13 1-0 | | | | | |
| | ITEM NO. | SHOULD READ | | | |

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Hickory</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stark Township</u> | | Length of stay in 1b <u>10 Days</u> | c. CITY OR TOWN <u>Jordan Township</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>2 Miles South of Preston</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>6 Miles East Cross Timbers</u> |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Arthur</u> Last <u>Parks</u> | | 4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 19-89</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 9. AGE (last birthday) <u>73</u> |
| 13a. FATHER'S NAME <u>James Parks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Jane Gregory</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>Unknown</u> | 17. INFORMANT <u>Wm LeRoy Parks - Preston, Mo</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>Metastases cancer of Thorsacic medastinum</u> DUE TO (b) <u>Prostate Cancer</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months 8 years</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 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 a.m. _____ 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 <u>7:45 1956</u> and last saw him alive on <u>July 2, 1962</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>E. Briggs, Jr.</u> | | 22b. ADDRESS <u>Wheatland Mo</u> | 22c. DATE SIGNED <u>7-5-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-6-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lantern Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Cross Timbers Mo</u> |
| 24. FUNERAL DIRECTOR <u>Robert H. Thawley - Wheatland, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>July 9, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>May Johnson</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 Shaw Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Waltham, MS

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.