

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026907

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 4234 Registrar's No. 96

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 19 1962

VS 300
Rev. 4/59

0470

21100

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Iron</u>		a. STATE <u>Mo</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		c. CITY OR TOWN: <u>Bellevue</u>	
Length of stay in 1b <u>4 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys of the Ozarks</u>		d. STREET ADDRESS (If outside, give location) <u>5 mi N. of Caledonia</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>ARCHIE</u> Middle <u>HERMAN</u> Last <u>PARKS</u>			Month <u>July</u> Day <u>7</u> Year <u>1962</u>
5. SEX <u>M</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>9/19/1893</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Fret Car Mfg</u>	11. BIRTHPLACE (City and state or country) <u>Lesterville, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		13a. FATHER'S NAME <u>Wm Andrew Parks</u>	
13b. MOTHER'S MAIDEN NAME <u>Anonz Shy</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Parks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>Graham Parks, 4972 A. Mardel, St Louis</u>		Address <u> </u>	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Compounded fracture of femur</u>			<u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sus & Yungman's</u>			<u>2 days</u>
DUE TO (c) <u> </u>			<u> </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			<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> Month, Day, Year <u> </u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>Caledonia, Mo</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u> STATE <u> </u>
21. I attended the deceased from <u>7-3-62</u> to <u>7-7-62</u> and last saw him alive on <u>7-7-62</u>			22c. DATE SIGNED <u> </u>
Death occurred in <u>Ironton, Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated.			22b. ADDRESS <u> </u>
22a. SIGNATURE <u>George H. Yungman M.D.</u>		22c. DATE SIGNED <u> </u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7/8/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u> </u>		23d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>	
24. FUNERAL DIRECTOR <u>Fitzinger Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-62</u>	
ADDRESS <u>Kirkwood, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Avis Jones</u>	

Permit obtained 7-8-62

JUL 26 1962

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 Amesbury

Licensed Embalmer No. 3012

P. O. Address Ironton, Missouri

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.