MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035276

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 132

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0515
2	0510
3	
4	0
5	1
6	
7	1
8	2
9	151X
10	
11	
12	2-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Length of stay in 1b: 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center, Inc. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD #5 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Marlin, Middle Kermit, Last Parks

4. DATE OF DEATH: Month Sept., Day 15, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/17/09

9. AGE (last birthday): 53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Officer

10b. KIND OF BUSINESS OR INDUSTRY: C.M.S.C. Security Officer

11. BIRTHPLACE (City and state or country): Grayson Co., Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Noah Marvin Parks

13b. MOTHER'S MAIDEN NAME: Cora Lea Stone

14. NAME OF HUSBAND OR WIFE: Velma Hiles Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic

16. SOCIAL SECURITY NO. 6

17. INFORMANT Address: Mrs. Velma Parks, Warrensburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Adenocarcinoma of Stomach — 8 months

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. ☐ 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 1 Jan 1962, to 15 Sept 62 and last saw her/him alive on 15 Sept 1962

Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. J. Falkner M.D.

22b. ADDRESS: Warrensburg, Missouri

22c. DATE SIGNED: 9-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/18/62

23c. NAME OF CEMETERY OR CREMATORY: Braddyville Cemetery

23d. LOCATION (City, town, or county) (State): Braddyville, Iowa

24. FUNERAL DIRECTOR ADDRESS: Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 17, 1962

26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.