N	lis	SO	UR	I D	VI	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	_
DEPA	RT	MEN	τ ο	f Pu	BLL	C HEALTH AND WELFARE 37  Primary Registration District No. Registrat's 10. 10229 STATE FILE NUMBER	
DO NOT WRITE ON THIS STUB		AM	ENDE	D	<u> </u>		Ĺ
VS 300	2	3				1. PLACE OF DEATH  a. COUNTY  Henry  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before  a. STATE  Mo.  Henry  admission)	
Rev. 4/59	AAENIDED	2			1	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR  Inside Limits	7
أمحاما	V 44	[			<b>I</b>	TOWN Calhoun, Rt. #1.  c. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  TOWN Rt. 2 Clinton  Yes D No D  C. FULL NAME OF (If NOT in hospital, give location)  Reside on Farm	7
3.4.7.0	a F	اف				HOSPITAL OF INSTITUTION Near Roseland  Yes \( \text{No.} \text{No.} \text{To.} \# 2, \\  No. \( \text{Ves } \text{No.} \text{No.} \text{Ves } \text{No.} \( \text{Ves } \text{Ves } \text{Ves } \text{No.} \( \text{Ves } \text{Ves } \text{No.} \( \text{Ves } Ves	ſ
20420	.	1	$\vdash$	$\dashv$		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year	<del>_</del>
					ĺ	(Type or print)  Frankie Dean Parks  OF DEATH July 5, 1964	
, 4 0					-	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 H	
5 0						Male White Widowed Divorced 2/16/1953 11 Months Days Hours Min.	
6	S			ŀ	'	10s. USUAL OCCUPATION (Give kind of work done dying most of working life, even if retired)  Student  Henry Co. Mo.  USA	
7 0	<u> </u>				7	Stildent Henry Co., Mo. / USA  3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	_
						Ernest F. Parks Roberta B. Gardener	
8 🗻 1	S				1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	_
99291	, E	İ				Yes, ac, or unknown) (If yes, give war or dates of service) None Ernest F. Parks, Rt. # 2, Clinton. Mo.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  INTERVAL BETWEEN	_
10 .03	۷			Ē		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH	i
11 4 44.6				CUMENI	Ì	Conditions, if any, which gave rise to	-
<del></del>	REC.	3		ŏ	l	Conditions, if any, DUE TO (b) Usale weather -	
126//-3	THIS REC	2			ł	above cause (a), }	_
<i>t</i>	-	+	+	-		stating the under- lying cause last. DUE TO (c)	_
	5				I ON	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 we there a pregnancy in last 90 days.	/as ys.
	ž				FICA	☐ Yes ☐ No ☐ Unknow	<b>⊬</b> n
	AMENDMENIS				CERT	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? PERFORMED? YES NO D SWIMMING IN FART I or PART II of item 18.)	
7	Ž					20c. TIME OF Hour Month, Day, Year	_
RIBBON	₹ [				AEDICAL	1NJURY 7-5-65	
BLACK INK OR RITER RIBBG					[ ~	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.)	_
	ے	,				NOT WHILE AT WORK & Farm Lake 14m1 5, Reseland Henry 110.	_
_ ¥ o ⊨	PFA	į				21. Vatten ded the deceased from LLNaft Nded to and last saw her him alive on.	—
		3				Death occurred at Approx 3 9 m on the date stated above, and to the best of my knowledge, from the causes stated.	_
USE BLACH OR TYPEWRITER	CHOILD	2		P.	L	126 SIGNATURE (Degree or jille) 22c. DATE SIGNI	
<b>i-</b>	L	$\perp$	Ш	AFFIDAVIT		TIPINIAN TY . CONTINUE CONTINUE	<del></del>
	2			i.i.D	ľ	A. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  REMOVAL (Specify) July 8, 1964 Parks Chapel Cemetery Clinton, Mo. Rt.# 2.	
	ž	•		1 -	2	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	_
ļ	<u>+</u>	=		BY	I _	Vansant Funeral Home, Clinton, Mo. July 6 - 1764   Yulluk Bigun	<u> </u>
						(Licensed Embalmer's Statement on Reverse Side)	

## STATEMENT BY LICENSED EMBALMER

и тума 4 ) — -

r by	, Student Embalmer No
vorking under my personal supervision.	
tudent	Signed Stolent C. Garlo
Signature of Student Embalmer	
	Licensed Embalmer No. 5793
	$\frac{1}{2} \sqrt{2} \cdot \frac{1}{2} \sqrt{2}$
	P. O. Address ( ) ( )

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.