

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23632

3117

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3117</u>						
1. PLACE OF DEATH <u>COUNTY JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>1703 Tracy Avenue</u>								
3. NAME OF DECEASED (Type or Print) <u>MARIE</u>			a. (First)		b. (Middle)		c. (Last) <u>PARKS</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12 1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, OR DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>JANUARY 1 1899</u>				
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>ALEXANDRIA, LOUISIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			13a. FATHER'S NAME <u>JOSEPH RANDALL</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE GOODALL</u>				
14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records N.C. Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNDETERMINED</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>POSSIBLE DISSECTING ANEURYSM (in m.a.)</u> <u>POSSIBLE LUNG INFARCTS</u> (c) <u>POSSIBLE CORONARY OCCLUSION</u> DUE TO (c) _____						451*		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____								
22. I hereby certify that I attended the deceased from <u>7-11-</u> _____, 19 <u>50</u> to <u>7-12-</u> _____, 19 <u>50</u> , that I last saw the deceased <u>live on 7-12-</u> _____, 19 <u>50</u> , and that death occurred at <u>2:45 P.</u> _____, from the causes and on the date stated above.												
23a. SIGNATURE <u>Frank [Signature]</u> (Degree or title) _____				23b. ADDRESS <u>600 East 22nd Street</u>				23c. DATE SIGNED <u>7-13-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis University</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>						
DATE REC'D BY LOCAL REG. <u>7-18-50</u>		REGISTRAR'S SIGNATURE <u>Maude Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.B. Moore</u>		ADDRESS <u>1820 E 18</u>						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

AB Mann

Signed.....
Student Embalmer

Licensed Embalmer No. 2410

P.O. Address. 18th E 18th

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 this body is not embalmed, fact should be so stated above.