

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 1 1951

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3018 Registrar's No. 5

1. PLACE OF DEATH
 a. COUNTY Clay
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City
 c. LENGTH OF STAY (In this place) 20 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1023 E 22nd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Clay
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North K.C. 0241
 d. STREET ADDRESS (If rural, give location) 1023 E 22nd

3. NAME OF DECEASED
 a. (First) David b. (Middle) (n) c. (Last) Park
 4. DATE OF DEATH (Month) (Day) (Year) Jan 19 1951

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Nov. 16 1878 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months 2 Days 3 IF UNDER 6 WKS: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miller
 10b. KIND OF BUSINESS OR INDUSTRY Milling
 11. BIRTHPLACE (State or foreign country) Kentucky 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Solomon D. Park 13b. MOTHER'S MAIDEN NAME Mary Clemens 14. NAME OF HUSBAND OR WIFE Lela B. Grooms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none
 16. SOCIAL SECURITY NO. 486-07-7270 17. INFORMANT'S SIGNATURE OR NAME W.J. Park ADDRESS NKC.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
 ANTECEDENT CAUSES Coronary Heart disease
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan, 1957, to Jan, 1957, that I last saw the deceased alive on Jan 19, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Severin T. Williams M.D. (Degree or title) 23b. ADDRESS 1902 Swift St NKC 23c. DATE SIGNED Jan 22 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 22 Jan 1951 24c. NAME OF CEMETERY OR CREMATORY New Hope 24d. LOCATION (City, town, or county) (State) Liberty Mo.

DATE REC'D BY LOCAL REG. Jan 22-57 REGISTRAR'S SIGNATURE Beulah Kitchens 25. FUNERAL DIRECTOR'S SIGNATURE Morton Funeral Home ADDRESS NKC.

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

241



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.....

John S. Morton II

working under my personal supervision.

Student Embalmer No. 350

Signed *John S. Morton II*
Student Embalmer

Signed *Harold L. Pason*

Licensed Embalmer No. 3605

P. O. Address Parville, 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 this body is not embalmed, fact should be so stated above.