

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 23 1952  
BIRTH NO. 90622-51 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 5

243

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>North Kansas City</u>	c. LENGTH OF STAY (in this place) <u>1 hr</u>	c. CITY OR TOWN <u>Kansas City (North)</u> <u>0248</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Watts Bldg</u>		d. STREET ADDRESS (If rural, give location) <u>4117 Willow Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Elwood</u> c. (Last) <u>Parkinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16, 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>19 Dec 1951</u>	9. AGE (in years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
13a. FATHER'S NAME <u>Gordon R Parkinson</u>			13b. MOTHER'S MAIDEN NAME <u>Merta Mary Swain</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gordon R Parkinson</u> <u>W.R. No.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute interstitial pneumonitis</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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. <u>Pulmonary congestion &amp; interstitial hemorrhage. Acute cerebral edema.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7630</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					

23. SIGNATURE (Degree or title) <u>Edward B. Price Jr. M.D.</u>		23b. ADDRESS <u>General Hospital #1</u>		23c. DATE SIGNED <u>17 JAN 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>17 Jan 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	
		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO.</u>			

DATE REC'D BY LOCAL REG. <u>Jan 17-52</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u> <u>63</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton Funeral Home</u>	
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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 .....  
Student Embalmer

Signed

*John W. Weston III*  
Licensed Embalmer No. 4856  
P. O. Address North KC, 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.