No. 300
10-48

APR 24

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11928

BIRTH NO. 19767 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 32

1. PLACE OF DEATH St Vincent Hospital
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monett
c. LENGTH OF STAY (in this place) 31 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Vincent Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monett
d. STREET ADDRESS (If rural, give location) 406 Wishart

3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Kay c. (Last) Parks

4. DATE OF DEATH (Month) (Day) (Year) 4 - 18 - 52

5. SEX Fem
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 4 - 17 - 52
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min. 8 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Monett Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Daniel Parks
13b. MOTHER'S MAIDEN NAME Elizabeth Ann Varner
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME W. D. Parks ADDRESS Monett 406-Wishart

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia (Atelectasis) — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature — 24 "
DUE TO (c)

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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7625

22. *I hereby certify that I attended the deceased from* 4-17 *19*52*, to* 4-18-52 *19*__*, that I last saw the deceased alive on* 4/18/52 *19*__*, and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Frank Kerr (Degree or title) MD
23b. ADDRESS Monett Mo
23c. DATE SIGNED 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) U
24b. DATE 4-20-52
24c. NAME OF CEMETERY OR CREMATORY Purdy Cemetery
24d. LOCATION (City, town, or county) Purdy Barry Co (State) Mo

DATE REC'D BY LOCAL REG. 4-22-52
REGISTRAR'S SIGNATURE Oliver A Warmington 4652
25. FUNERAL DIRECTOR'S SIGNATURE J. D. Buchanan ADDRESS Monett Mo

(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.