

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15383

State File No.

No. 300
10.48

LEU APR 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>4021</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee No. 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EVERETT</u>		b. (Middle)		c. (Last) <u>PARKS</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>4 15 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>		8. DATE OF BIRTH <u>July 18, 1891</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Parks</u>		13b. MOTHER'S MARDEN NAME <u>Isabel Hancock</u>		14. NAME OF HUSBAND OR WIFE <u>Wayne</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>492-165487</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Norton, Houston, Texas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardio-Respiratory failure</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Anorexia Nervosa</u>					
		DUE TO (c) <u>Cardio-Vascular Renal Disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, Cholelithiasis, Cholecystitis, Convulsions, Constitutional Deficiency</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 4, 1952</u> , to <u>Apr. 15, 1952</u> , that I last saw the deceased alive on <u>Apr. 15, 1952</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Burns, M.D.</u>				23b. ADDRESS <u>Houston, Texas</u>		23c. DATE SIGNED <u>Apr. 17, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Chaffee Texas</u>	
DATE REC'D BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>Myrtia Craig</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Gaylord O. Elliott</u>		ADDRESS <u>Houston, Texas</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

370

APR 25 1937

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 Frank E. Wood

Licensed Embalmer No. 7026

P. O. Address Houston, Tex

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.