

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1953

BIRTH NO.		REG. DIST. NO. <b>299</b>	PRIMARY REG. DIST. NO. <b>3057</b>	Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>203 South Thornton</b>		d. STREET ADDRESS (If rural, give location) <b>207 South Thornton</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Parks</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 4, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 17, 1870</b>	9. AGE (In years) (last birthday) <b>82</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>17</b> IF UNDER 24 HRS. Hours <b>17</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal mining</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Camden, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Parks</b>			
13b. MOTHER'S MAIDEN NAME <b>Emily Silkwood</b>		14. NAME OF HUSBAND OR WIFE <b>Myra C. Parks</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-05-9912</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Myra C. Parks, Richmond, Missouri</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Trenches-Pneumonia 24 hrs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arterio-sclerosis ?</b> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>4/22/1</b>			INTERVAL BETWEEN ONSET AND 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 <b>Jan 24, 1953</b> to <b>Feb 4, 1953</b> that I last saw the deceased alive on <b>Feb 4, 1953</b> and that death occurred at <b>3:35 P.M.</b> when the causes and on the date stated above.					
23a. SIGNATURE <b>W. C. Gay, M.D.</b>		23b. ADDRESS <b>Richmond, Mo 2-757</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REPOSS. (Specify) <b>Burial</b>		24b. DATE <b>Feb. 6, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope</b>	24d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 11-1953</b>		REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Guest-Life Funeral Home</b> ADDRESS <b>Richmond, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0891  
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MAR 4 1966

MAR 6 1966

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 *[Signature]* \_\_\_\_\_

Licensed Embalmer No. *4066* \_\_\_\_\_

P. O. Address *[Signature]* \_\_\_\_\_

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.