

FILED JUL 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

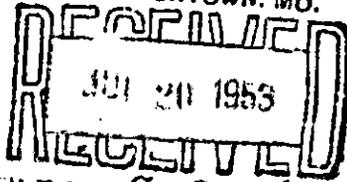
State File No. 25627

BIRTH NO. 124		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 2047		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown		c. LENGTH OF STAY (in this place) 39 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown		0621	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 315 E. Mine La Motte St.				d. STREET ADDRESS (If rural, give location) 315 E. Mine La Motte St.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Henrietta		c. (Last) Parks		4. DATE OF DEATH (Month) (Day) (Year) July 14, 1953	
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 17, 1914	
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 27		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Curtiss Williams			13b. MOTHER'S MAIDEN NAME Lottie Thornton			14. NAME OF HUSBAND OR WIFE Thomas Parks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Parks Fredericktown, Mo.			
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) Cardiac tamponade		DUE TO (b) Coronary infarct					1 min.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertension for 1 year					2 weeks
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 <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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June 19, 1952 to July 14, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. W. DeSeyere D.O.				23b. ADDRESS Fredericktown Mo.		23c. DATE SIGNED 7/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17, 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Madison County, Mo.	
DATE REC'D BY LOCAL REG. 7-16-1953		REGISTRAR'S SIGNATURE Thurmond Hicks 147		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home Fredericktown Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 75-3-40

VS
SEP 22 1980

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 Charles M. [Signature]

Licensed Embalmer No. 4852

P. O. Address Fredricktown, 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.