

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 155

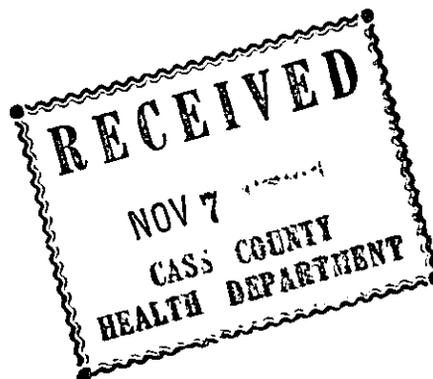
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5-227 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Peculiar Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Peculiar Twp.</u>	
c. LENGTH OF STAY (In this place) <u>39 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant View Rest Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant View Rest Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>PARKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 28-1904</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Cass Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. NAME OF HUSBAND OR WIFE <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
13a. FATHER'S NAME <u>Walter Dudley Parks</u>		13b. MOTHER'S MAIDEN NAME <u>Clennie Della Bryant</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Walter F. Adams</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter F. Adams</u>	
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) <u>Pulmonary edema</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>1561</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1561</u>	
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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 15, 1953</u> to <u>Oct 29, 1953</u> that I last saw the deceased alive on <u>Oct 29, 1953</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. E. Knoch</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	
23c. DATE SIGNED <u>Oct 30, 1953</u>		23c. DATE SIGNED <u>Oct 30, 1953</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 1-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bryant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1, 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	
ADDRESS <u>Harrisonville</u>		ADDRESS <u>Harrisonville</u>	

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

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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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.