

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7735

FILED APR 5 1954 BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>1105</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>24 yrs</u>	c. CITY OR TOWN <u>Columbia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1400 University Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>1400 University Ave.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>BESS</u>	b. (Middle) <u>EDNA</u>	c. (Last) <u>PARKS</u>	(Month) <u>March</u>	(Day) <u>29</u>	(Year) <u>1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 10, 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Stevens Point, Wisconsin</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>A.C. Wilmot</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>George Dean Parks</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dean Parks, Columbia, Missouri.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>SEV'L YRS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>SEV'L YRS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RHEUMATOID ARTHRITIS.</u>		<u>SEV'L YRS</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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)		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 1953, to 3-29- 1954, that I last saw the deceased alive on 3-29- 1954, and that death occurred at 8:00P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Walburn, M.D.</u>		23b. ADDRESS <u>22 N 8TH, COLUMBIA, MO.</u>		23c. DATE SIGNED <u>3-30-54</u>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rogers, Arkansas.</u>	

DATE REC'D BY LOCAL REG. <u>Mar 30 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia, Mo</u>	
--	--	---	--	--	--

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

NOV 1 1955

MAR 3 1955

APR 22 1955

OCT 20 1955

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..... Signature of Student Embalmer

Signed..... *Joseph Kelly*

Licensed Embalmer No. 427

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.