

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8867**
Registrar's No. **1166**

No. 300
10-48

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Kansas City		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2yrs.		e. STREET ADDRESS (If rural, give location) 4426 Chestnut Avenue 3618			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4426 Chestnut Avenue					
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Snowden			b. (Middle) Francis		
c. (Last) Parkinson			March 13, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 16, 1875		9. AGE (In years last birthday) 78		10. UNDER 1 YEAR (Days) 13	
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME David Parkinson		13b. MOTHER'S MAIDEN NAME MALINDA UNKNOWN		14. NAME OF HUSBAND OR WIFE Irene Parkinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary K. Jensen	
				ADDRESS 4426 Chestnut Avenue	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia			1 month
		ANTECEDENT CAUSES			1 1/2 yrs
		DUE TO (b) Duodenal Ulcer			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:			5410
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			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 Oct 20, 1952, to March 13, 1954 that I last saw the deceased alive on March 7, 1954, and that death occurred at 12:15 AM, from the causes and on the date stated above.					
23a. SIGNATURE Kenneth A. Davis, M.D.		23b. ADDRESS 201 Plaza Theatre Bldg Kansas City, Mo.		23c. DATE SIGNED 3-15-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 15-1954		24c. NAME OF CEMETERY OR CREMATORY MT. MARIAN CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY - MISSOURI	
DATE REC'D BY LOCAL REG. 3-15-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Dw Newman Sons	
				ADDRESS 1231 BRUSH CREEK Kansas City Mo	

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

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 *Kellie Kessel*

Licensed Embalmer No. *469*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.