

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5749</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Polk</u>		c. LENGTH OF STAY (In this place) <u>51 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Polk Township</u> <u>0620</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt. #3, Fredericktown, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. #3, Fredericktown, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>Doretta</u> c. (Last) <u>Parks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 7, 1876</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR <u>7</u> Months		IF UNDER 1 YEAR <u>1</u> Days		IF UNDER 12 HRS. <u>1</u> Hours <u>1</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Silvermines, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Josephus Ashlock</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah King</u>			14. NAME OF HUSBAND OR WIFE <u>Lysander V. 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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lysander Parks, Fredericktown, Mo.</u> ADDRESS			
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>PNEUMONIA, HYPOSTATIC.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FRACTURE, LEFT HIP, SIMPLE.</u> DUE TO (c) <u>APOPLEXY WITH LEFT HEMIPARESIS.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHOLECYSTITIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS.</u> <u>2 YR 2 MOS.</u> <u>OVER 2 YR.</u>	
19a. DATE OF OPERATION <u>April '52</u>		19b. MAJOR FINDINGS OF OPERATION <u>FRACTURE, LEFT HIP.</u> <u>334 X</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) (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 <u>4-18, 1952</u> to <u>6-7, 1954</u> , that I last saw the deceased alive on <u>6-7, 1954</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B.A. MICHAELS, M.D.</u>				23b. ADDRESS <u>FREDERICKTOWN, MISSOURI</u>			23c. DATE SIGNED <u>6-10-54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashlock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Silvermines, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-10-54</u>		REGISTRAR'S SIGNATURE <u>Therence Lucka</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home, Fredericktown, Mo.</u> ADDRESS				

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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 Charles McAuliffe

Licensed Embalmer No. 4852

P. O. Address Fredericktown, Md

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.