

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31280

State File No.

FILED SEP 20 1954

 BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Baxter</u>			
b. CITY (If outside corporate limits, write PRIMAL and give township) <u>Rind-Wolf Island</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>	c. CITY OR TOWN <u>Mountain Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles South East Prairie</u>			e. STREET ADDRESS (If rural, give location) <u>8 miles South East Prairie</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>C. D.</u> b. (Middle) _____ c. (Last) <u>PARKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 8, 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>W. S. Parks</u>		13b. MOTHER'S MARDEN NAME <u>Maurice Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Madge Parks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Madge Parks Mountain Home, Ark.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heat & embolism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9310</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) <u>067</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>no medical attendance</u> , 18____, to _____, 19____, that I last saw the deceased alive on <u>Sept. 15, 1954</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Travis Shelby Coroner</u>		23b. ADDRESS <u>East Prairie, Mo.</u>		23c. DATE SIGNED <u>9-15-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shacker</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain Home, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 15 / 1954</u>	REGISTRAR'S SIGNATURE <u>Anna Harper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Travis Shelby East Prairie</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 REC'D

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed SEP 16

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.....
Frank Shelby

Licensed Embalmer No. 27

P. O. Address East Prairie

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.