

FILED FEB 21 1955 STANDARD CERTIFICATE OF DEATH

State File No. **3993**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph,</b> <b>0020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital.</b>		d. STREET ADDRESS (If rural, give location) <b>Country Club Place, St. Joseph, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b> b. (Middle) <b>DEAN</b> c. (Last) <b>PARK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 9, 1955</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 26, 1916</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stowe Hardware Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Batavia, Iowa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edward Orville Park.</b>	13b. MOTHER'S MAIDEN NAME <b>Ethel L. Fellows.</b>	14. NAME OF HUSBAND OR WIFE <b>Marvan Schwald Park</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>485-01-8554</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maryan Park, St. Joseph, Missouri</b>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration pneumoniae multiple pulmonary abscess</b>		<b>8 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aspiration following GI hemorrhage</b> DUE TO (c) <b>Duodenal ulcer</b>		<b>8 day</b> <b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Essential hypertension</b>		<b>Unknown</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>5410</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **7-20**, 19**53**, to **2-9-**, 19**55**, that I last saw the deceased alive on **2-9-**, 19**55**, and that death occurred at **4:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William H. Allison, M.D.</b>	23b. ADDRESS <b>St. Joseph, Missouri</b>	23c. DATE SIGNED <b>2-II-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-12-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 14, 1955</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>R.A. Brauninger, Warrensburg, Mo.</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 30 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. A. Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.