

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13615**
Registrar's No. **452**BIRTH NO. **24968-56** REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. CITY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY OR TOWN Independence	
c. LENGTH OF STAY (In this place) Life		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 Independence Sanitarium		e. STREET ADDRESS (If rural, give location) 2404 Sterling	
3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Marie c. (Last) Park			4. DATE OF DEATH (Month) (Day) (Year) 3 30 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -----	8. DATE OF BIRTH 3 29 1956
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		9b. KIND OF BUSINESS OR INDUSTRY -----	10. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (City and State or Foreign Country) Independence Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Donald K. Park		13b. MOTHER'S MAIDEN NAME Eileen Sullivan	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Donald K. Park	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cerebral Hemorrhage resp. failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1 year - Branch Aneurysm DUE TO (c) 36 wks gestation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NO IVE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7605	
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 3/25, 1956 , to 3/30, 1956 , that I last saw the deceased alive on 3/29, 1956 , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE William R. Sloney MD		23b. ADDRESS Independence Mo	
23c. DATE SIGNED 3/21/56		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24a. DATE 4-4-1956		24b. NAME OF CEMETERY OR CREMATORY St. Olivet	
24c. LOCATION (City, town, or county) (State) Kansas City Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Sheil Funeral Home	
25. DATE REC'D BY LOCAL REG 4-4-56		25. ADDRESS K.C. Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

540

1944
7 235

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 *Thomas A. Steil*

Licensed Embalmer No. *443*
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.**