

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26228

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Candew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Candew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinch Springs</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY OR TOWN <u>Clinch Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>PARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 28 1956</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>June 26, 1892</u>	
9. AGE (In years last birthday) <u>64</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John I Park</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dickerson</u>		14. NAME OF HUSBAND OR WIFE <u>Allie Park</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>495-40-5261</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Allie Park</u> ADDRESS <u>Clinch Springs</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Gun shot wound</u> DUE TO (c) <u>22 Cal. Rifle</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Self inflicted</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g. home or about home, farm, factory, street, office, bridge, etc.) <u>Residence home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Clinch Springs Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 28 1956 9:45 a.m.</u>	
21e. INJURY OCCURRED WHILE WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>					
22. I hereby certify that I attended the deceased from <u>Aug 28, 1956</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug 28, 1956</u> , and that death occurred at <u>9:45 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Abbie Bankson Woolery</u> (Type or Print)				23b. ADDRESS <u>Candew Mo</u>		23c. DATE SIGNED <u>Aug 28 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 31, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clinch Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinch Springs Benton Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-30-56</u>		REGISTRAR'S SIGNATURE <u>Alma K. Eldred</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Davis</u>		ADDRESS <u>Warren</u>	

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

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FEB 26 1958

SEP 6 1956

SEP 19 1956
SEP 28 1958

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.....
John A. Riser

Licensed Embalmer No. 409

P. O. Address... Waisau

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.