

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010120

STATE FILE NUMBER

FILED APR 2 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1400

300  
1-57

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
Harry K. Cohen USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 8150 a. STATE <b>Kansas</b> b. COUNTY <b>Dickinson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Junction City, Upland</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		d. STREET ADDRESS (If outside, give address) <b>No. 4. 10 mi. N.E. of</b>	
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>H.</b> Last <b>Parks</b>		4. DATE OF DEATH Month <b>March</b> Day <b>16</b> Year <b>1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 7 1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>62</b>
11. BIRTHPLACE (City and state or country) <b>Abilene, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William Parks</b>		13b. MOTHER'S MAIDEN NAME <b>Hartis Powers</b>	
14. NAME OF HUSBAND OR WIFE <b>Bessie</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>WWI</b>	
16. SOCIAL SECURITY NO. <b>511-03-0362</b>		17. INFORMANT <b>Wife - Upland - Kansas</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intestinal obstruction</b> DUE TO (b) <b>Carcinoma of bladder</b> DUE TO (c) <b>1810</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1950</b> to <b>3-16-1958</b> and last saw him alive on <b>3-15-58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harry K. Cohen</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>318 Argyle Bldg</b>	
22c. DATE SIGNED <b>3-16-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>3-16-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>-</b>		23d. LOCATION (City, town, or county) (State) <b>Abilene, Kansas</b>	
24. FUNERAL DIRECTOR <b>R. A. Fulton, Kansas City, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>3-17-58</b>	
26. REGISTRAR'S SIGNATURE <b>Iva Minchell</b>			

1-2655



APR 4 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.

*Ralph Fulton*

Student .....  
Signature of Student Embalmer

Signed ..... *R. A. Fulton* .....

Licensed Embalmer No. *3503* .....

P. O. Address .. *Kansas City, Ka* .....

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.