

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033869  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 394 Primary Registration District No. 6026 Registrar's No.

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centerville		c. CITY OR TOWN Centerville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last IDA ELIZABETH PARKS			4. DATE OF DEATH Month Day Year Sept. 23 1958			
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5. SEX fem	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 27 1876	9. AGE (In years last birthday) 81	10. F UNDER 1 YEAR Months 8 Days 26	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Reynolds County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Jamison	13b. MOTHER'S MAIDEN NAME <i>Widow</i>	14. NAME OF HUSBAND OR WIFE Robert L. Parks
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Truman Parks, Centerville Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Asthma</i>	
	DUE TO (c) <i>Bronchitis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 526X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Death occurred at <i>9/30/56</i> to <i>9/23/58</i> and last saw her alive on <i>9/23/58</i> <i>1.15 A.M.</i> men the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Blanche Newman P.O.</i> (Deceased or title)	22b. ADDRESS <i>Centerville</i>	22c. DATE SIGNED <i>9/26/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>9-25-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rayfield Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lesterville Mo.</i>
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24. FUNERAL DIRECTOR <i>Anna White</i> ADDRESS <i>White Funeral Home, Ironton Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 1 - 58</i>	26. REGISTRAR'S SIGNATURE <i>Elmo Jarvis</i>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Reynolds County  
10/31/20

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 *Amal J. White* .....

Licensed Embalmer No. *3012* .....

P. O. Address *San Antonio, Tex* .....

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.