

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032411

STATE FILE NUMBER

AMENDED

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 23

FILED OCT 10 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>FRANKLIN</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MERAMEC</u>		Length of stay in 1b <u>15 YRS</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STANTON, MO</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>STANTON, MO.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>WESLEY</u>		Middle <u>HERMAN</u>		Last <u>PARKS</u>		Month <u>OCT.</u> Day <u>4</u> Year <u>1961</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>9-18-1890</u>	
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TIFF MINING</u>		11. BIRTHPLACE (City and state or country) <u>ST. CLAIR, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NATHANIEL PARKS</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY MCGUEN</u>			14. NAME OF HUSBAND OR WIFE <u>EDWARD PARKS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>ST. LOUIS, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>PRESUMED ARTERIOSCLEROTIC HEART DISEASE</u>						<u>INSTANT</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CORONER CONSULTED - THIS SIGNED IN ACCORDANCE WITH SECTION 193.140 REVISED STATUTES OF MISSOURI 1959</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Harrison W. Eaton Local Registrar Sullivan Mo.</u>				22b. ADDRESS		22c. DATE SIGNED <u>10-6-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-7-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ANACONDA C.E.M.</u>		23d. LOCATION (City, town, or county) (State) <u>ANACONDA, MO.</u>	
24. FUNERAL DIRECTOR <u>H. M. EATON</u>			ADDRESS <u>SULLIVAN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10-6-61</u>		26. REGISTRAR'S SIGNATURE <u>Harrison W. Eaton</u>

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 Hermon W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, 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.