SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-033254
STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 83

FILED OCT 11 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit — Length of stay in 1b: 13 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 200 Jefferson St, — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 200 Jefferson St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Clifford Middle: Willis Last: Parks

4. DATE OF DEATH Month: Oct. Day: 6 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 19 1901
9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY: Gas Service Co.
11. BIRTHPLACE (City and state or country): Galena Kansas
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Willis I. Parks
13b. MOTHER'S MAIDEN NAME: Emma Chenoworth
14. NAME OF HUSBAND OR WIFE: Mary Grace Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
17. INFORMANT: Mrs Mary Grace Parks Address: Lee's Summit Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 yr.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 9, 1958 to Oct. 6, 1961 and last saw him alive on 10-6-61
Death occurred at 1:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clint Miller MD (Degree or title)
22b. ADDRESS Lees Summit Mo
22c. DATE SIGNED 10.6.61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/8/1961
23c. NAME OF CEMETERY OR CREMATORY: Lee's Summit
23d. LOCATION (City, town, or county) (State): Lee's Summit Mo.

24. FUNERAL DIRECTOR ADDRESS: Langsford Funeral Home Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG.: Oct 7-1961
26. REGISTRAR'S SIGNATURE: W B Langsford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

OCT 17 1961

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 N B Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.