

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019072

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 2673

FILED JUN 8 1962	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in lb <u>6 DAYS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. MARY'S Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u> c. CITY OR TOWN <u>OVERLAND PARK</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>5611 West 101st St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Malcolm</u> Middle <u>PARK</u> Last <u>PARK</u>	
4. DATE OF DEATH Month <u>MAY</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never, Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 27-1893</u>
9. AGE (last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Chandler's Nursery</u>	
11. BIRTHPLACE (City and state or country) <u>Overland Park, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Archibald Park</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Hohn</u>	
14. NAME OF HUSBAND OR WIFE <u>Berniece Park</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Berniece Park - 5611 W. 101st Overland Park, Ks</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest seen day to electrolyte</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>nephrosis</u> DUE TO (c) <u>Carcinoma of Prostate</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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 INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>7 days</u> <u>2 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)	
20c. TIME OF INJURY Hour <u>[redacted]</u> Month, Day, Year <u>[redacted]</u>	
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 <u>Aug 16, '61</u> to <u>May 13, '62</u> and last saw her/him alive on <u>May 13, '62</u> Death occurred at <u>1:15 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Donald J. Smith M.D.</u>	
22b. ADDRESS <u>Overland Park, Kans.</u>	
22c. DATE SIGNED <u>5/15/62</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>MAY-17-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens Johnson County</u>	
23d. LOCATION (City, town, or county) <u>Johnson County, Kansas</u>	
24. FUNERAL DIRECTOR <u>Gates, 1901 Olive Blvd, Kansas City, Ks</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>5-16-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth A Long</u>	

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 AMENDED
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
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 MEDICAL CERTIFICATION
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 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

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.

Donald Smith
Nix-4515, 8023 Santa Fe Dr.