

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **23818**  
Registrar's No. **30**

FILED AUG 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		<u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Hill</u>				d. STREET ADDRESS (If rural, give location) <u>East Hill</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ambers</u>		b. (Middle) <u>Gerdine</u>		c. (Last) <u>Parkes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 30, 1878</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Parkes</u>		13b. MOTHER'S MAIDEN NAME <u>Abigail Selby</u>		14. NAME OF HUSBAND OR WIFE <u>Amber Parkes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Joe Tomblison Versailles, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u> DUE TO (c) <u>Myocardial infarct</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial infarct</u>				INTERVAL BETWEEN DEATH AND EXAMINATION <u>One week</u> <u>Many years</u> <u>4 mos. ago</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 1950</u> to <u>July 26, 1951</u> , that I last saw the deceased alive on <u>July 25, 1951</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jack Quinn MD</u>				23b. ADDRESS <u>Versailles Mo.</u>		23c. DATE SIGNED <u>Aug 7, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>28 July 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Latham Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moniteau Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 30 - 1951</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. K... Versailles, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 8-6-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8-6-51 \_\_\_\_\_

---

---

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Raymond C. Lister*

Licensed Embalmer No. 4626

P. O. Address *Versailles, 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 this body is not embalmed, fact should be so stated above.