

FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7086

State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4488 Registrar's No.

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Scotland</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rutledge</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rutledge</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alpha A. Parrish</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|---|---------------------------|---|-------------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Alpha</u> | b. (Middle) <u>A.</u> | c. (Last) <u>Parrish</u> | (Month) <u>Feb</u> | (Day) <u>11</u> | (Year) <u>1949</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug-17-1868</u> | | 9. AGE (In years last birthday) <u>80</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Colony. Knox Co. Missouri.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>James Parrish</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Billups</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nellie Bourn</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. <u>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | |

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|---|--|--|--|--|--|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchial Pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Taking cold</u> | | | | |
| | | DUE TO (c) <u>age & High Blood pressure</u> | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |

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|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Feb 5, 1949, to Feb 11, 1949, that I last saw the deceased alive on Feb 11, 1949, and that death occurred at 11 m., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------|--|---|--|
| 23. SIGNATURE (Degree or title) <u>E. E. Remmonds D.O.</u> | | 23b. ADDRESS <u>Memphis Mo</u> | | 23c. DATE SIGNED <u>Feb 14 '49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb-13-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pauline</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Rutledge Missouri.</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-15-49</u> | | REGISTRAR'S SIGNATURE <u>P. M. Baker-Hs. 407</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson Edina Mo</u> | |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Keith Hudson

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2415

P. O. Address _____

Edina, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Keith Hudson