

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19137

State File No.

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>				
b. CITY OR TOWN <u>Stinking</u>		c. LENGTH OF STAY (in this place) <u>15 Mos</u>		c. CITY OR TOWN <u>Stinking</u>		38		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prospect St</u>				d. STREET ADDRESS (If rural, give location) <u>S. E. Stinking</u>				
3. NAME OF DECEASED (Type or Print) <u>Mrs Fannie Dale Parrish</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>June 8 1949</u>		(Month)		(Day)		(Year)		
5. SEX <u>+</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>10/26/1875</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Calvin</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Stapleton Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Parrish</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul P. Parrish</u> ADDRESS <u>Stinking 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>156-H</u>						
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) (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>May 10</u> , 19 <u>49</u> , to <u>June 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 8</u> , 19 <u>49</u> , and that death occurred at <u>1040 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles D. McKeown M.D.</u>				23b. ADDRESS <u>Henry Mo</u>		23c. DATE SIGNED <u>June 10 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Louis St</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Albany 10.4. MO</u>		
DATE REC'D BY LOCAL REG. <u>6-8-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Edith Childs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>LeRoy H. Phillips</u>		ADDRESS <u>Stinking</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

8
3

E. C. N. Williams



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 _____

Robert L. Phillips

Signed _____
Student Embalmer

Licensed Embalmer No. _____

1898

P. O. Address _____

Starkville

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.