

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32890**

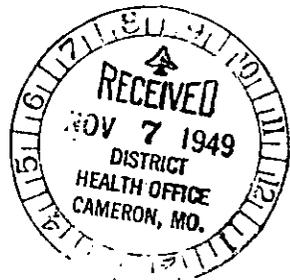
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BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>381</u>		
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Scurry 009</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Snyder</u>		4/0		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Merritt Rooming House</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Jane</u> c. (Last) <u>Pairish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1949</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 11, 1880</u>		
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>16</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Pairish, Snyder, Tex.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. C. Pairish, Sweetwater, Texas</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lesionary occlusion</u> ANTECEDENT CAUSES (b) <u>Myocarditis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				19c. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. _____		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>10-25, 1949</u> , to <u>10-27, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. C. Pairish M.D.</u>				23b. ADDRESS <u>Savannah, Mo</u>		23c. DATE SIGNED <u>10-20-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10/28/1949</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Sweetwater Texas</u>		
DATE REC'D BY LOCAL REG <u>11-29-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Sharon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>		ADDRESS <u>St. Joseph, Mo</u> <u>Home</u>		

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

REC'D 7 1 1949



**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 Eugene Wood

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 5010th St. Joseph

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.