

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16594

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) WEST PLAINS		c. CITY (If outside corporate limits, write RURAL and give township) WEST PLAINS 0461	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 304 WALKER ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION "USUAL RESIDENCE"			

3. NAME OF DECEASED (Type or Print) HENRY B. PARRISH		4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 16, 1863
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	
11. BIRTHPLACE (State or foreign country) STODDARD Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNK.	13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE MINNIE HERNDON PARRISH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Herndon Parrish, West Plains, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 119 2/1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS - CHRONIC		
	ANTECEDENT CAUSES ARTERIOSCLEROSIS - CHR.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)	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 **23/2**, 19**46**, to **30/5**, 19**50**, that I last saw the deceased alive on **24-3**, 19**50**, and that death occurred at **12:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Rebecca Cook, M.D.	23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED 6-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 1, 1950	24c. NAME OF CEMETERY OR CREMATORY DRY CREEK CEM.	24d. LOCATION (City, town, or county) (State) SILIAM SPRINGS TWP., Howell County, Mo.
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DATE REC'D BY LOCAL REG. 6-6-1950	REGISTRAR'S SIGNATURE Beatrice Cook	379	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Shoumbugh, W. Plains, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 8 1930

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 Hal Thourburgh

Licensed Embalmer No. 3408

P. O. Address W. Plains 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.