

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26292

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5227 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Peculiar Twp (Rural)</u>	c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Peculiar Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi N.W. of Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi N.W. of Harrisonville</u>	
3. NAME OF DECEASED a. (First) <u>AUBREY</u> b. (Middle) <u>LEE</u> c. (Last) <u>PARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar 7 1916</u>
9. AGE (In years last birthday) <u>34</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Samona Kans.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF FATHER'S NAME <u>J. R. Paris</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Farmer</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. L. Paris, Peculiar Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>THROMBOPHLEBITIS LEFT LEG</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MENTALLY DEFICIENT SINCE BIRTH</u>		464X	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
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.) <u>Mar 1950</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>50</u> , and that death occurred at <u>2 p</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. L. Paris</u> (Degree or title)		23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>Aug 22 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 23-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 29, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Pennington</u> ADDRESS <u>Harrisonville Mo</u>

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

0190

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

AUG 26 1950

CASS COUNTY  
HEALTH DEPARTMENT

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 \_\_\_\_\_

*B. J. Lindley*

Student Embalmer No. *369*

working under my personal supervision.

Student *B. J. Lindley*  
Student Embalmer

Signed

*Ernest Rannenburg*

Licensed Embalmer No. *3368*

P. O. Address

*Harrisonville, 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.