

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32852

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4072 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Cambden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cambden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek</u> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Ken Del</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Everett</u> c. (Last) <u>Parish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 8 - 83</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Cambden Co., Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>agr</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Parish</u>		13b. MOTHER'S MARYDEN NAME <u>Sarah Hopkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora Edwards</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Felix Parish</u> ADDRESS <u>Linn Creek 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Asthmatic heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ast</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		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 <u>August 1950</u> , to <u>October 26 1950</u> , that I last saw the deceased alive on <u>Oct 26</u> , 1950, and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Coakley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cambden, Mo.</u>	23c. DATE SIGNED <u>Nov 2-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 29 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conway</u>	24d. LOCATION (City, town, or county) (State) <u>Cambden, Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov 2 1950</u>	REGISTRAR'S SIGNATURE <u>Zilpha Traw</u> <u>421</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen - Abolery</u> ADDRESS <u>Cambden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0150  
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RECEIVED 11/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11/8/50

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 *Abbie Woolery*

Licensed Embalmer No. 2488

P. O. Address *Camden, N. J.*

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.