

FILED DEC 12 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36506

Dr. Loyd

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>270</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>			c. LENGTH OF STAY (in this place) <u>32 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>			d. STREET ADDRESS (If rural, give location) <u>702 Cliff Drive</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>702 Cliff Drive</u>				d. STREET ADDRESS (If rural, give location) <u>702 Cliff Drive</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Thomas</u>		b. (Middle) <u>LaFon</u>		c. (Last) <u>Parrish</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>2</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March-29-1884</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Probate Judge</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>County Business</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John B. Parrish</u>			13b. MOTHER'S MAIDEN NAME <u>Flora Alice Shearer</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Seva Howell Parrish</u>	
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 ADDRESS <u>Mrs. Seva Parrish, Jefferson City, 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>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Essential Hypertension</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. 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)		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>Oct 24</u> , 19 <u>50</u> , to <u>Dec 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>50</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl J. Loyd M.D.</u>				23b. ADDRESS <u>425 Madison Jeff. City, Mo.</u>		23c. DATE SIGNED <u>12/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris M.D.</u>		STATE FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Cook & Co.</u>		ADDRESS <u>Jefferson City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

264

RECEIVED 12-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-11-50 _____

DEC 12 1950

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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 Fred Dulle

Signed _____
Student Embalmer

Licensed Embalmer No. 3890

P. O. Address Jefferson City, 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.