

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 519

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Weepon	
b. CITY OR TOWN Eldorado Springs	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN RURAL-MONTEVALLO TWP 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 High Tower		d. STREET ADDRESS (If rural, give location) R. 1, MONTEVALLO	

3. NAME OF DECEASED a. (First) Hase b. (Middle) c. (Last) Parrish			4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 5, 1909	9. AGE (Years last birthday) 41	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Bloomington, Ill. U.S.	12. CITIZENSHIP OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Stephen Parrish	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE
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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 ALBERT PARRISH, MONTEVALLO, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic Severe		INTERVAL BETWEEN ONSET AND DEATH 1 Wk.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11 am, 1951, to 13 Jan, 1951, that I last saw the deceased alive on 13 Jan, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) W.D.	23b. ADDRESS Eldorado Springs, Mo.	23c. DATE SIGNED Jan 15 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Woodlark Cemetery	24d. LOCATION (City, town or county) (State) Virgil City, Missouri
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DATE REC'D BY LOCAL REG. JAN. 15, 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 23 1951

Dist. File _____

Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed May W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado, 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.