

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4516 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fayette MO</u>		c. LENGTH OF STAY (In this place) <u>60</u>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Elizabeth</u> b. (Middle) <u>Parrish</u> c. (Last) <u>Parrish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>May 24-1874</u>		9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months Days	
11. UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. BIRTHPLACE (State or foreign country) <u>Wallowa, MO</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Wallowa, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. BIRTHPLACE (State or foreign country) <u>Wallowa, MO</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Valentine Parrish</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Jenkins</u>		14. NAME OF HUSBAND OR WIFE <u>Desmond</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Havelka</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>General arteriosclerosis</u>	
DUE TO (c) <u>Myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		4221	

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 1-20-51, 1951, to 1-26-, 1951, that I last saw the deceased alive on 1-26-, 1951, and that death occurred at 7:30 p.m., from the causes and, on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>2/2/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Snapp</u>	
24d. LOCATION (City, town, or county) (State) <u>Fayette MO</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>Feb. 3-1951</u>		REGISTRAR'S SIGNATURE <u>J. E. Caswell 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilhelmina Home Brunson</u>	
ADDRESS		ADDRESS		ADDRESS	

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

1060
1
no. of record
Fayette, MO

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 5 1951

Dist. File 251-304

Date Filed 2-6-51

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 Minnie L. Wheelock

Signed.....
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Princeton, Ma

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.