S. No. 300
v. 10.46

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

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30762

BIRTH NO. ____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 445

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Labette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parsons 8150
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): Dena
b. (Middle): Parish
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct 5,1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 30,1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 6 Days 5 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper
11. BIRTHPLACE (State or foreign country): Chariton County, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Robert L. Parish
13b. MOTHER'S MAIDEN NAME: Minirva Fuqua
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 515 09 0267
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs Anna Dorell Marceline, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of breast, originally with extensive metastases to both lungs

ANTECEDENT CAUSES — *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.* Inanition Malnutrition

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 170 X
20. AUTOPSY? YES ☐ NO ☒

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): Oct / 6 / 51 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 6, 1951, *to* October 5, 1951, *that I last saw the deceased alive on* Oct. 5, 1951, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul J. Berry M.D.
23b. ADDRESS: Marceline, Mo.
23c. DATE SIGNED: 10-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/7/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): Marceline, Missouri

DATE REC'D BY LOCAL REG.: 10/6/1951
REGISTRAR'S SIGNATURE: Mary Jane Jones 401
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Jas McLaughlin Marceline Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 1 0 [redacted]
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1810
Date Filed: OCT 1 0 [redacted]

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 [redacted], Student Embalmer No. [redacted], working under my personal supervision.

Student [redacted]
Student Embalmer

Signed George W. Davolt
Licensed Embalmer No. 4799
P. O. Address Marceline, 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.