S. No. 300
v. 10.48

FILED DEC 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36243

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 317

013
1

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
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): 701 N. Hildreth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmer 06 10
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): J
c. (Last): PARISH

4. DATE OF DEATH (Month) (Day) (Year): 11 - 20 - 51

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: MAY 8, 1864

9. AGE (In years last birthday): 87 — If under 1 year: Months 6, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Milton E. Parish

13b. MOTHER'S MAIDEN NAME: Rachel Nichol

14. NAME OF HUSBAND OR WIFE: Emma Lee Parish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Eliza Prough
ADDRESS: Kirksville 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) Probable Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arthritis deformans — over yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: 332 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) 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* Jan 19 *19* 51, *to* Nov 20, *19* 51, *that I last saw the deceased alive on* Nov 15, *19* 51, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Grim
(Degree or title): MD 0
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 11/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: Nov 22 1951
24c. NAME OF CEMETERY OR CREMATORY: Elmer
24d. LOCATION (City, town, or county) (State): Elmer Macon Mo

DATE REC'D BY LOCAL REG.: 11-26-51
REGISTRAR'S SIGNATURE: Kate Lambert 10

25. FUNERAL DIRECTOR'S SIGNATURE: W. H. McCollum
ADDRESS: South Gifford Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 4 [redacted]
DISTRICT HEALTH OFFICE #
District File Number 12-57-2
Date Filed: DEC 5 1957

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 W. H. McCallum

Signed _____
Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford Me

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.