

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40557

State File No. ....

FILED DEC 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u> d. STREET ADDRESS (If rural, give location) <u>1308 N. Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1308 N. Franklin</u>		d. STREET ADDRESS (If rural, give location) <u>1308 N. Franklin</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bert</u>	b. (Middle) <u>Byrd</u>	c. (Last) <u>Parrish</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 13, 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Medical Doctor</u>	11. BIRTHPLACE (State or foreign country) <u>Queen City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>A. W. Parrish.</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Bartlett</u>	14. NAME OF HUSBAND OR WIFE <u>Hermeine Parrish</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. Murdock, Kirksville, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (Min.)	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 Dec 20, 1951 to Dec 20, 1951, that I last saw the deceased alive on Dec. 20, 1951, and that death occurred at 4:40 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Sticklen M.D.</u>	23b. ADDRESS <u>Kirkville, Missouri</u>	23c. DATE SIGNED <u>Dec. 21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forrest</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-21-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Kirkville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 26 1951

Date Received:

DISTRICT HEALTH OFFICE #

District File Number 12-5

Date Filed: DEC 26 1951

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.

Student .....  
Student Embalmer

Signed.....

*Hollie Kessel*

Licensed Embalmer No. 4690

P. O. Address. *Kirksville, Md*

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.