

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1420**
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **464**

FILED FEB 9 1952

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) R.R.#1	
3. NAME OF DECEASED (Type or Print) a. (First) Darrell b. (Middle) Monroe c. (Last) Parrish		4. DATE OF DEATH (Month) (Day) (Year) January 26, 1952	
5. SEX M	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1914
9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clyde Parrish	13b. MOTHER'S MAIDEN NAME Nellie Barton	14. NAME OF HUSBAND OR WIFE Ruby Parrish	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ruby Parrish	
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.		ADDRESS Nevada, Mo. R.R.#2	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Possible cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-14 , 19 52 , to 1-26 , 19 52 , that I last saw the deceased alive on 1-26-52 , 19 52 , and that death occurred at 10:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Donald F. Coburn, M.D.		23b. ADDRESS 411 Nichols Road Kansas City 2, Mo	23c. DATE SIGNED 1-29-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Jan. 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Deerfield Cemetery	24d. LOCATION (City, town, or county) (State) Deerfield Missouri
DATE REC'D BY LOCAL REG. 1-29-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Diana Taylor	
		ADDRESS Independ. 200	

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 Dillon L. Terley
Licensed Embalmer No. 4225

P. O. Address Judson, 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.