

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17256**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5760</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion County</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maywood</u> c. LENGTH OF STAY (In this place) <u>3 days</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puttidge, Benton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fabius Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural. 05 20</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Parish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-52</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-17-1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 6 HRS. Mins. <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Puttidge, Benton Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Lindecker</u>		13b. MOTHER'S MARDEN NAME <u>Elizabeth Weber</u>		14. NAME OF HUSBAND <u>Loring Parish</u>			
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>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loring Parish</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>a pulseless</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>High Blood pressure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u> <u>Years</u> <u>Years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>334X</u>		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 <u>May 28, 1952</u> , to <u>May 28, 1952</u> , that I last saw the deceased alive on <u>May 28, 1952</u> and that death occurred at <u>6:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry S. M. Bracher, M.D.</u>				23b. ADDRESS <u>La Belle MO</u>		23c. DATE SIGNED <u>May 28 1952</u>	
24a. BURIAL OR CREMATION (Specify) <u>Burial</u>		24b. DATE <u>May 30, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, MO.</u>		
DATE REC'D BY LOCAL REG. <u>6/2/52</u>		REGISTRAR'S SIGNATURE <u>by Viola Lee, Sep 18, 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Reginald Hamel</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** JUN 10 1952  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** JUN 10 1952

**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 Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edna 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.