

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25321

State File No.

FILED JUL 29 1952

Registrar's No. 36

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945

1. PLACE OF DEATH a. COUNTY Phelps 0810		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps 0810	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (DILLON) TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (DILLON TWP) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Everett c. (Last) Parrish			4. DATE OF DEATH (Month) (Day) (Year) July 18 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1902	9. AGE (In years last birthday) 50	10. IF UNDER 1 YEAR Months 1	11. IF UNDER 24 HRS. Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William T. Parrish	13b. MOTHER'S MAIDEN NAME Magnaling Giesler	14. NAME OF HUSBAND OR WIFE Mary Gladys Parrish
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If you give war or dates of service) 489-14-5207	17. INFORMANT'S SIGNATURE OR NAME Mary Gladys Parrish	ADDRESS ST. JAMES MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) right anterior triangle DUE TO (c) pillar with cervical lymph,		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. widespread metastases			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: as above at the Ellis Fishel State Cancer Hospital	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 145X

22. I hereby certify that I attended the deceased from Dec 20, 1951, to July 18, 1952 that I last saw the deceased alive on July 10, 1952, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE C.V. Hammler M.D.	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 7-21, '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Broadway Cemetery	24d. LOCATION (City, town, or county) (State) Maries Co, Missouri
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DATE REC'D BY LOCAL REG. Jul 24, 1952	REGISTRAR'S SIGNATURE Mrs. Wayne S. Roberts	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gahr	ADDRESS St. James Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed 7-28-52

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.....

Jesse Gahr
Licensed Embalmer No. 4486

Signed.....
Student Embalmer

P. O. Address St. James, Missouri

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.