

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25448

State File No. _____

FILED AUG 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6035 Registrar's No. 306

1. PLACE OF DEATH a. COUNTY <u>Ripley</u> <u>0910</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> <u>0910</u>	
b. CITY OR TOWN <u>Rural</u> <u>Jordan Twp</u> c. LENGTH OF STAY (in this place) <u>1 1/2 yrs.</u>		c. CITY OR TOWN <u>Rural</u> <u>Jordan twsp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 Mi. N. of Doniphan, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>14 Mi. N. of Doniphan, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Merritt</u> c. (Last) <u>Parrish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1952</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>Dec. 2, 1879</u>	9. AGE (In years last birthday) <u>72</u>	10 UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	11 UNDER 100 HRS. Hours <u>---</u> Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building Trade</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Huel Parrish</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Knapp</u>	14. NAME OF HUSBAND OR WIFE <u>Feriba Parrish</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>334-01-8946</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mollie Kesthafer</u> ADDRESS <u>Doniphan Mo.</u>
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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>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H214</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 1-1-1951, to 7-31-1952, that I last saw the deceased alive on 7-6-1952, and that death occurred at 15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Adams, M.D.</u>	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>8-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 30 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/2-52</u>	REGISTERING SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u> ADDRESS <u>Doniphan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2051

1.50

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 Ray Mearns.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.

[Handwritten scribbles and marks]