

# STANDARD CERTIFICATE OF DEATH

28855

State File No. ....

No. 300  
10-48

FILED AUG 29 1957

BIRTH NO. ....		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4262</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City, 0520</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nelson Nursing Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ALICE</u>		c. (Last) <u>ANDERSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-21-1957</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH (Month) (Day) (Year) <u>June-9-1870</u>		9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Davis F. Parrish</u>		13b. MOTHER'S MAIDEN NAME <u>Parthina Parrish</u>		14. NAME OF HUSBAND OR WIFE <u>James E. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>42220</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie E. Anderson</u>		ADDRESS <u>Edina, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity 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. <u>Asthma</u>			
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) <u>42220</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Dec 1, 1932</u> , to <u>Aug 20, 1957</u> , that I last saw the deceased alive on <u>Aug 20, 1957</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF REGISTRAR <u>E. D. Phillips</u>				23b. ADDRESS <u>Knox City, Mo.</u>		23c. DATE SIGNED <u>8-22-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug-23-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox City</u>		24d. LOCATION (City, town, or county) (State) <u>Knox City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 25-57</u>		REGISTRAR'S SIGNATURE <u>Helle S. Arnold</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kerth Hudson</u>		ADDRESS <u>Edina, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*Keith Hudson*

Licensed Embalmer No. \_\_\_\_\_

*2415*

P. O. Address \_\_\_\_\_

*Edina 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.