

STANDARD CERTIFICATE OF DEATH

State File No. 37403

FILED OCT 20 1952

BIRTH NO. REG. DIST. NO. 952 PRIMARY REG. DIST. NO. 6189 Registrar's No. 4289 89

1060

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

1. PLACE OF DEATH a. COUNTY <i>Taney</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Taney</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Farrystown</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Farrystown</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>Rural Summit Tp</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home Swears Land</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Joann</i> b. (Middle) <i>(None)</i> c. (Last) <i>Parish</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-12-52</i>		
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5. SEX <i>Female</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>12-9-1857</i>		9. AGE (In years last birthday) <i>75</i>		10. MONTHS <i>10</i>		11. HOURS <i>10</i>		12. MIN. <i>10</i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>				11. BIRTHPLACE (City and State or Foreign Country) <i>Lead Hill Ark</i>				12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
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13a. FATHER'S NAME <i>William Brown</i>				13b. MOTHER'S MAIDEN NAME <i>Margaret Douglas</i>				14. NAME OF HUSBAND OR WIFE <i>Deceased</i>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>none</i>				17. INFORMANT'S SIGNATURE OR NAME <i>Sam Parish</i>				ADDRESS <i>Farrystown</i>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Central pneumonia</i>								INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General debility</i>									
		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 <i>331X</i>				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)				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 *10/19*, 19*52*, to *10/12*, 19*52*, that I last saw the deceased alive on *10/12*, 19*52* and that death occurred at *1:30 p.m.* from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>[Signature]</i>				23b. ADDRESS <i>Farrystown, Mo</i>				23c. DATE SIGNED <i>10/17/52</i>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-14-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Carrollton</i>				24d. LOCATION (City, town, or county) (State) <i>Lead Hill Ark</i>			
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DATE REC'D BY LOCAL REG. <i>10-18-52</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				ADDRESS <i>Farrystown</i>			
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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

Minnie L. Wheeler

Licensed Embalmer No. 22 77

P. O. Address Brunswick 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.