

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41763**

**1953** JAN 2 1953 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4098** Registrar's No. **189**

0190

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

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>904 Main</b>		d. STREET ADDRESS (If rural, give location) <b>904 Main</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Davis</b> b. (Middle) <b>T.</b> c. (Last) <b>Parrish</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 9, 1872</b>	9. AGE (In years last birthday) <b>80</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Grocer</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clay Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas J. Parrish</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jack Parrish, Belton, Mo.</b>	

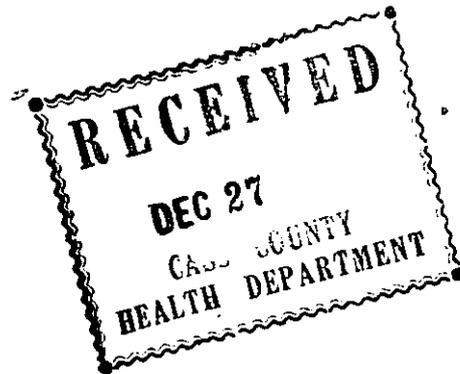
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot Wound of Rt. Temple</b>		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E 976x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Belton Cass MO.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 20 1952 1 P.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>SELF INFLECTED - 32 CAL PISTOL</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. P. Barger (Coroner) MD.</b>		23b. ADDRESS <b>Harrisonville, Mo</b>		23c. DATE SIGNED <b>Dec 21, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/22/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Belton Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Belton Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Dec 23 1952</b>		REGISTRAR'S SIGNATURE <b>Dora Barward</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. K. George and Sons, Belton, Mo.</b>	
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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 \_\_\_\_\_

*A. K. George*

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.