

FILED MAR 19 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 10851  
Registrar's No. 25

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Central Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Central Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville, Mo. R.4.</b>		d. STREET ADDRESS (If rural, give location) <b>Perryville, Mo. R.4.</b>	
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Parres</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 1, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 1, 1891</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Parres</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Otto</b>	14. NAME OF HUSBAND OR WIFE <b>Eileen Higgins Parres</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493946-1653</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lonnie Parres, Zeno St., Perryville, Mo.</b>
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* <b>Ischaemic heart I</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Internal Hemorrhage</b> DUE TO (c) <b>Automobile wreck</b> 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 <b>E 8164 26</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway E.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Perryville 079 Perry Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 1, 1953 11:15 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. HOW DID INJURY OCCUR? <b>Collision of 2 cars (impact)</b>	
22. I hereby certify that I attended the deceased from <b>Parres of Perry, Mo.</b> , 19____, that I last saw the deceased alive on _____ County, Mo., 19____, and that death occurred at <b>11:55 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. C. Medman</b> (Degree or title) <b>Secretary of Perry County, Mo.</b>		23b. ADDRESS <b>Perryville</b>	
23c. DATE SIGNED <b>3/2/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>3-4-1953</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zolner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Hey, Perryville, Mo.</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1954

**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 \_\_\_\_\_

Licensed Embalmer No. 3866

P. O. Address Ferrisville, 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.