No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1953

State File No. 15087

BIRTH NO. 19797 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. ~~43~~ 5821 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY New Madrid	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Matthews, Mo Rural c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Matthews, Mo 0720
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. #1	d. STREET ADDRESS (If rural, give location) R.F.D. #1 0

3. NAME OF DECEASED (Type or Print)	a. (First) Carolyn	b. (Middle) Virginia	c. (Last) Parrish	4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 3/26/53	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and State or Foreign Country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J.R. Parrish	13b. MOTHER'S MAIDEN NAME Anna Ruth Moses	14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J.R. Parrish R#1 Matthews, Mo	ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical Attendant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause of death thought
DUE TO (c) to have been caused by.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Suffication from bed Covers

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 072 E9240 18	20. AUTOPSY? YES ☐ NO ☐
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

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* 2.A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lis Hedgepeth Coroner	23b. ADDRESS New Madrid Mo	23c. DATE SIGNED 4/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/53	24c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery
24d. LOCATION (City, town, or county) (State) Matthews, Mo		
DATE REC'D BY LOCAL REG. 4-23-53	REGISTRAR'S SIGNATURE Helen Loud Jones 216	25. FUNERAL DIRECTOR'S SIGNATURE Harry Jones ADDRESS Dixeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

120
1

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Lexington m

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.