

FILED OCT 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32666

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5971		Registrar's No. 125	
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) Bolivar		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar		0841	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile East of Bolivar on Hwy 64				d. STREET ADDRESS (If rural, give location) West Part of Bolivar Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Oletus		b. (Middle) Con		c. (Last) Parrish		4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1953	
5. SEX Male		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 31 1919	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Hauling		11. BIRTHPLACE (State or foreign country) Goodson Polk Co. Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Terry Parrish		13b. MOTHER'S MAIDEN NAME Grace Hoobler		14. NAME OF HUSBAND OR WIFE Carrie E. Parrish			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W. II 500-09-7932		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie E. Parrish			
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: Skull Fracture and Internal Injuries in Chest and other injuries ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: All over Body II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 64		21c. (CITY, TOWN, OR TOWNSHIP) Bolivar		(COUNTY) Polk (STATE) Mo. 0841	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 14, 1953 7 P.M.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? One Car Auto Accident			
22. I hereby certify that I attended the deceased from Sept. 14, 1953, to Sept. 14, 1953, and that death occurred at 7:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward B. Erwin, M.D.				23b. ADDRESS Bolivar, Mo.		23c. DATE SIGNED 9/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 17 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) West Part of Bolivar Mo.	
DATE REC'D BY LOCAL REG. 10/9/53		REGISTRAR'S SIGNATURE Ralph Gordon		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Erwin & Blue, Bolivar, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 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

Edward B. Emmer

Licensed Embalmer No. 3092

P. O. Address Bellevue, 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.