

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39217

State File No. 5212

FILED NOV 19 1953

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>12 hrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1212 Muncie Blvd. 815 8</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daisy</b>		b. (Middle) <b>Susan</b>		c. (Last) <b>Parrish</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 18 1934</b>			
9. AGE (In years last birthday) <b>19</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas /</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Vernon Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Ayala</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence Parrish</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>			16. SOCIAL SECURITY WORKED NO. <b>Yes - 2 wks.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Katherine Owens (Mother)</b>			ADDRESS - <b>K s. City, Ks.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Secund + third degree burns</b>  ANTECEDENT CAUSES DUE TO (b) <b>Entire body</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Plato 083 Mo.</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-1-53</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Push car cab over + fire</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 <b>6:15 P.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>Geo C Kealhofer deputy coroner</b>				23b. ADDRESS <b>4038 Birchway Town</b>		23c. DATE SIGNED <b>11-2-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-5-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Mem. Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Wyandotte County, Ks.</b>			
DATE REC'D BY LOCAL REG. <b>11-3-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster</b>			ADDRESS <b>Kas. City, Mo.</b>	

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

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.....  
Signature of Student Embalmer

Signed *Dean Owens*.....

Licensed Embalmer No. *4280*.....

P. O. Address *K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.