

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16477**

FILED JUN 14 1954

No. 300
10.48
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BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Inez</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Parrish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1954</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 6, 1884</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gorin (rural) Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael Couchman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Leslie</u>		14. NAME OF HUSBAND OR WIFE <u>Ulysses Grant Parrish</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Onal Blair LaBelle, Mo.</u>			
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* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Etiology Unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>5705</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edina Knox Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>5-17</u> , 19 <u>54</u> , to <u>6-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>54</u> , and that death occurred at <u>3:05 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>William J. Frutkin, D.O.</u>				23b. ADDRESS <u>Gibson Hospital - Edina Mo</u>		23c. DATE SIGNED <u>6-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>N. W. Knox City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 12 - 54</u>		REGISTRAR'S SIGNATURE <u>Helle S. Harold</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Rimer</u>		ADDRESS <u>Edina Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.