

FILED OCT 18 1954

THE CITY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34518
Registrar's No. 11

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4290

0570

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foley	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

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3. NAME OF DECEASED (Type or Print)	a. (First) Atha	b. (Middle) Maude	c. (Last) PARRICK	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 31, 1879	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months	# UNDER 1 DAY Days	# UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Benville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Alonzo Shinebarger		13b. MOTHER'S MAIDEN NAME Emma Tucker		14. NAME OF HUSBAND OR WIFE Cyrus Parrick - died 1952	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Parker - Elsberry, Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	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 **Sept 11, 1954**, to **Oct 4, 1954**, that I last saw the deceased alive on **Oct 4, 1954**, and that death occurred at **8:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert M. Hull	(Degree or title) Dr.	23b. ADDRESS Elsberry, Missouri	23c. DATE SIGNED 10-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/54	24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	24d. LOCATION (City, town, or county) (State) Foley, Mo.
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DATE REC'D BY LOCAL REG. Oct 16-54	REGISTRAR'S SIGNATURE Emma B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Charles Pickles	ADDRESS Elsberry, Mo.
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FEB 11 1955

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 *W. J. ...*

Licensed Embalmer No. *4012*

P. O. Address *Elsberry, 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.