

No. 300  
0-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36691

State File No. ....

FILED NOV 29 1954

BIRTH NO. \_\_\_\_\_ -REG.-DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>			2. USUAL RESIDENCE (Where deceased lived: - If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>		
b. CITY OR TOWN <u>Hamilton</u>		c. LENGTH OF STAY (in this place) <u>9 Yrs.</u>	c. CITY OR TOWN <u>Hamilton</u>		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			f. STREET ADDRESS (if rural, give location) <u>6120</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Frances</u> c. (Last) <u>Parrish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 13, 1859</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. 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>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hocking Co., Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Richard H. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gooney</u>		14. NAME OF HUSBAND OR WIFE <u>Frank 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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertha Johnson - Hamilton</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>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, arterial</u> DUE TO (c) <u>Thrombus of leg</u> 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 <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Hamilton Caldwell Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Nov. 1947</u> , to <u>Nov 18, 1954</u> , that I last saw the deceased alive on <u>Nov 18, 1954</u> , and that death occurred at <u>1a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank R. Daley M.D.</u>			23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>Nov 20, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-20-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov 22-54</u>		REGISTRAR'S SIGNATURE <u>Shelby Jones 87-2</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris A. Brown Hamilton, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Morris A. Bram*.....

Licensed Embalmer No. *59*.....

P. O. Address *F. Amiel*.....

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.