S. No. 300
v. 10.48

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

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40330

BIRTH NO. 97037-54 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 2 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cape Osteopathic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perkins
d. STREET ADDRESS (If rural, give location): Perkins

3. NAME OF DECEASED (Type or Print)
a. (First): Retha
b. (Middle): Marie
c. (Last): Parish

4. DATE OF DEATH (Month) (Day) (Year): 12-19-54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-19-54
9. AGE (In years last birthday): —
If under 1 year: Months —, Days —
If under 24 hrs.: Hours 12, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None infant
10b. KIND OF BUSINESS OR INDUSTRY: None infant
11. BIRTHPLACE (City and State or Foreign Country): Advance, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin D. Parish
13b. MOTHER'S MAIDEN NAME: Marcia Annett Arnold
14. NAME OF HUSBAND OR WIFE: None, infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John Arnold
ADDRESS: Perkins, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Lesion

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 754
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8:40 A.M. 19 Dec 54, 1954, *to* 19 Dec 54, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. McNeill M.D.
23b. ADDRESS: Advance, Mo.
23c. DATE SIGNED: 21 Dec 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-21-54
24c. NAME OF CEMETERY OR CREMATORY: Morgan Memorial Park
24d. LOCATION (City, town, or county) (State): Advance, Missouri

DATE REC'D BY LOCAL REG.: 1-3-55
REGISTRAR'S SIGNATURE: 44-0 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Wm H Morgan
ADDRESS: Advance, Mo.

(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 Not Embalmed Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.