

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3644**

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. <b>381</b>		PRIMARY REG. DIST. NO. <b>43-15</b>		Registrar's No. <b>4</b>			
1. PLACE OF DEATH a. COUNTY <b>SULLIVAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MO</b>				b. COUNTY <b>PUTNAM</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>MILAN</b>		c. LENGTH OF STAY (In this place) <b>76 days</b>		c. CITY OR TOWN <b>RURAL</b>		d. Is Residence within limits of a City or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RAY SULLIVAN MEMORIAL</b>				e. STREET ADDRESS (If rural, give location) <b>LUCERNE - MO 0860</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>RAY</b>			b. (Middle) _____		c. (Last) <b>PARRISH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 18-1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>MAR 31-1888</b>		9. AGE (In years last birthday) <b>66</b> if under 1 year Months <b>7</b> Days <b>15</b> if under 12 hrs. Hours <b>15</b> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Putnam Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		
13a. FATHER'S NAME <b>A. PARRISH</b>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <b>FLOSSIE PARRISH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chester Parrish</b>		ADDRESS <b>Lucerne Mo.</b>			
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) <b>bronch-pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>presentic thrombosis</b>						<b>14 da</b>	
		DUE TO (c) <b>chronic supraditis</b>						<b>5 yrs</b>	
		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 _____						20. AUTOPSY? <b>4222</b> 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 <b>1/1, 1950</b> , to <b>1/18, 1955</b> , that I last saw the deceased alive on <b>1/17, 1955</b> , and that death occurred at <b>5:25 A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Ch. W. Harris</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Harris Mo</b>			23c. DATE SIGNED <b>1/18/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>JAN 21-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HOWARD CEM</b>		24d. LOCATION (City, town, or county) <b>Putnam Co</b>		(State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-20-1955</b>		REGISTRAR'S SIGNATURE <b>Mrs. H. B. Harris</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>J. D. Husted</b>		ADDRESS <b>San Unionville Mo</b>		

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

50  
0

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..... *Murl E. Husted*

Licensed Embalmer No. *330*

P. O. Address *Unionville*

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.