

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

Dr. Strong

STANDARD CERTIFICATE OF DEATH

State File No. 12657

FILED MAY 2 1955

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New London	
d. FULL NAME OF HOSPITAL OR INSTITUTION. St Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) R R #2,	

3. NAME OF DECEASED (Type or Print) Dora Parrish			4. DATE OF DEATH (Month) (Day) (Year) 4-20-1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6/21/1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ralls County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Hascall		13b. MOTHER'S MAIDEN NAME Clara Hudson Pillor		14. NAME OF HUSBAND OR WIFE Chas. E. Parrish	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sunshine Harris, 706 Lyon St.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) rt. cerebral vascular accident		rt. cerebral vascular accident			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		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) 231 X	
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 **4-15-55**, 19**55**, to **4-20-55**, 19**55**, that I last saw the deceased alive on **4-20-55**, 19**55**, and that death occurred at **6:10A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard M. Strong, M.D.		23b. ADDRESS 115 North Fifth St. Hannibal, Mo.		23c. DATE SIGNED 4-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/1955		24c. NAME OF CEMETERY OR CREMATORY St. Olivet Cemetery	
24d. LOCATION (City, town, or county) (State) Hannibal, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H.M. O'Connell		ADDRESS Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 4/25/55		REGISTRAR'S SIGNATURE Wm. Luke H. Fisher		189	

APR 29 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED APR 29 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.