

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32311

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1146

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Joseph	c. LENGTH OF STAY (in this place) 60 years	c. CITY OR TOWN St. Joseph	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 St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 1902 So. 18th Street <i>01170</i>	

3. NAME OF DECEASED (Type or Print) a. (First) IRA	b. (Middle) C.	c. (Last) PARRISH	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 25, 1873
9. AGE (in years last birthday) 82	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) ret. butcher	10b. KIND OF BUSINESS OR INDUSTRY Packing Plant	11. BIRTHPLACE (City and State or Foreign Country) Milan, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Parrish	13b. MOTHER'S MAIDEN NAME Rodebelle Creson	14. NAME OF HUSBAND OR WIFE Ida Jane Parrish
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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. 495-10-6928	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Petty, 2004 S. 17th, St. Joseph, Mo.	ADDRESS
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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, arthritis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
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. 192° burns face, hands & knees Perforated Duodenal Ulcer			16 days 1 day
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) Oct 11-1955 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Bedding caught fire
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22. I hereby certify that I attended the deceased from **10/11, 1955**, to **10-26, 1955**, that I last saw the deceased alive on **10-26, 1955**, and that death occurred at **6:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald W. Beck MD	23b. ADDRESS 902 Edmond St., St. Joseph, Mo	23c. DATE SIGNED 10-29-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/29/1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Nov 1, 1955	REGISTRAR'S SIGNATURE Cather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Newton-Bowman	ADDRESS St. Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Richard E. Voth....., Student Embalmer No. 521.....

working under my personal supervision..

Student Richard E. Voth.....
Signature of Student Embalmer

Signed James H. Hawkins.....

Licensed Embalmer No. 453.....

P. O. Address 319 So 10th St.....

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.