

FILED JAN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41403

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>5799</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Montana</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison R.R.</u>		c. LENGTH OF STAY (in this place) <u>all</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>919 South Eleventh</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				3. NAME OF DECEASED a. (First) <u>Annie</u> b. (Middle) <u>Deanna</u> c. (Last) <u>Parry</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-55</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>12-22-1882</u>		9. AGE (In years last birthday) <u>73</u>		10a. FEMALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Cot. S. S. S. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Zachariah Jesse</u>		13b. MOTHER'S MAIDEN NAME <u>Roberta Corley</u>	
14. NAME OF HUSBAND OR WIFE <u>Eduard Parry</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>491-28-1093</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Johnston</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, asthma, 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</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Dec 27, 1955</u> , to <u>Dec 27, 1955</u> , that I last saw the deceased alive on <u>Dec 28, 1955</u> , and that death occurred at <u>11:41 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Madison, Mo</u>		23c. DATE SIGNED <u>12-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park St Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-28-55</u>		REGISTRAR'S SIGNATURE <u>Edna Robertson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Thompson</u>		ADDRESS <u>Madison Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0690

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
Student Embalmer

Signed *Wm. J. A. Thompson*

Licensed Embalmer No. *2782*

P. O. Address *Morrisson, 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.