

FILED APR 11 1956  
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RN 10460

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8244

State File No. ....  
Registrar's No. 246

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>	c. LENGTH OF STAY (in this place) <b>124 days</b>	c. CITY OR TOWN <b>St. Louis</b>	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 <b>VA Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4017 Cook Ave.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Wardell</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>Parrish</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 31, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>2-22-97</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Thomas Parrish</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Jones</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or date of service) <b>WW1</b>	16. SOCIAL SECURITY NO. <b>498-03-1118</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary emphysema due to overstrain</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Chronic bronchitis</b> DUE TO (c) <b>Cardiovascular disease due to hypertension of lesser circulation</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>hypertension of lesser circulation</b> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5020</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 28**, 19 **55**, to **March 31**, 19 **56**, and that death occurred at **7:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ernest M. Tapp, MD, Manager</b>	23b. ADDRESS <b>VAH, Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>4-2-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-11-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4/6/56</b>	REGISTRAR'S SIGNATURE <b>Frank Cotrell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
APR 9 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAY 1 1956

MAY 22 1956

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**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 *James W. Green*.....  
Licensed Embalmer No. 296

P. O. Address *Payson Blm*.....

**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.