Health, L Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033341
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY: Knox	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Edina — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN: 0520 Colony — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gibson Hospital — Length of stay in Hospital: 1 week	d. STREET ADDRESS (If outside, give location): — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: CHARLIE Middle: AARON Last: PARRISH

4. DATE OF DEATH: Month: Sept Day: 24 Year: 1958

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept 6, 1871

9. AGE (In years last birthday): 87 — 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. farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (City and state or country): Knox County, Mo 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John T. Parrish

13b. MOTHER'S MAIDEN NAME: Sarah Callahan

14. NAME OF HUSBAND OR WIFE: Mary A. Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): 0

16. SOCIAL SECURITY NO.: none

17. INFORMANT: LLOYD Parrish Address: Rutledge, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Decompensated Acute Cor Pulmonale

DUE TO (c) Pneumonia 493X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 16, 1958, to Sept. 24, 1958 and last saw him alive on Sept. 24, 1958. Death occurred at 6:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. H. Gibson (Degree or title) DO 2

22b. ADDRESS: Edina, Mo.

22c. DATE SIGNED: 9-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 27 Sept '58

23c. NAME OF CEMETERY OR CREMATORY: Colony Cemetery

23d. LOCATION (City, town, or county) (State): Colony, Missouri

24. FUNERAL DIRECTOR: A. R. Rimer ADDRESS: Edina, Mo

25. DATE RECD. BY LOCAL REG.: Oct. 3-58

26. REGISTRAR'S SIGNATURE: Nelle A. Hunolt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 .....

Licensed Embalmer No. 5041

P. O. Address ....Edina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.