

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033763
STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 276 Primary Registration District No. 5946 Registrar's No. 53

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. James, Route 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. James Route 1		Length of stay in 1b Life	d. STREET ADDRESS 14 Miles S/E Rolla		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle ALEXANDER Last PARRY			4. DATE OF DEATH Month 2 Day October Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9 March 1894	9. AGE (In years last birthday) 64	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming, Real Estate		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Phelps County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Parry		13b. MOTHER'S MAIDEN NAME Caroline Hale		14. NAME OF HUSBAND OR WIFE Julia Parry.	
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. XX	17. INFORMANT Address Mrs. Julia Parry, Rt. 1, St. James M		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 9-28-56 to 6-23-58 and last saw ^{him} alive on 6-23-58 Death occurred at 4:00A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ray Mitchell, M.D.</i> (Degree or title)			22b. ADDRESS Salem, Missouri		22c. DATE SIGNED 10-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4 Oct. 1958	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens		23d. LOCATION (City, town, or county) (State) Rolla, Missouri.
24. FUNERAL DIRECTOR By S. B. Munger Home			25. DATE RECD. BY LOCAL REG. Oct. 3, 1958		26. REGISTRAR'S SIGNATURE <i>Reuth B. Powell</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8739 S

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 *S. L. Miller*

02-02-0

02-02-0

Licensed Embalmer No. *3397*

P. O. Address *Rolla Mo.*

12-8-01

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.