

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044716  
STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 169 Primary Registration District No. 4262 Registrar's No. 68

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Knox City</b>		c. CITY OR TOWN <b>Knox city</b> 05 20	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>RUFUS L PARRISH</b>			4. DATE OF DEATH Month Day Year <b>Dec 25, 1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 7, 1894</b>
9. AGE (In years last birthday) <b>64</b>		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motor Grader operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Knox Co. Hy</b>	11. BIRTHPLACE (City and state or country) <b>Knox County</b> 6
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Alpha Parrish</b>	
13b. MOTHER'S MAIDEN NAME <b>Nellie Bourne</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Anderson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Rufus L. Parrish</b>		Address <b>Knox City, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>			<b>6 mo.</b>
DUE TO (c)			
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"/> <b>2</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 <b>April 7<sup>th</sup> 1958</b> to <b>Dec. 25<sup>th</sup> 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Dec-11<sup>th</sup> 1958</b> Death occurred at <b>7:00</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Francis Tarjolas M.D.</b>		22b. ADDRESS <b>Eolina Whigdon</b>	
22c. DATE SIGNED <b>Dec 26<sup>th</sup> 1958</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>27 Dec '58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Knox City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Knox City, Missouri</b>	
24. FUNERAL DIRECTOR <b>A. Prime</b>		25. DATE RECD. BY LOCAL REG. <b>Dec-27-58</b>	
ADDRESS		26. REGISTRAR'S SIGNATURE <b>Nelle S. Dunall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 12 1959

JAN 7 1959

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 *Edna M* .....

Licensed Embalmer No. *5041* .....  
P. O. Address *Edina, MN* .....

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.