Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013480
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1581

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Menorah Medical Center — Length of stay in 1b: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas — b. COUNTY: Johnson
c. CITY OR TOWN: Mission, Kansas — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 6600 W. 61st St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Alfred — Middle: — Last: Parrish

4. DATE OF DEATH: Month 3 — Day 25 — Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-26-03
9. AGE (In years last birthday): 55 — 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): Safety Engineer, Liberty Mutual Insurance Company
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Maywood, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Allan Parrish
13b. MOTHER'S MAIDEN NAME: Jennie Merritt
14. NAME OF HUSBAND OR WIFE: Mrs. Ella J. Parrish

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.: 346-03-6612
17. INFORMANT Address: 6600 West 61st Mission, Kansas — Mrs. Ella J. Parrish (Wife)

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary embolism - Left lung
DUE TO (b): Thrombi, Right ventricle
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rt. pneumonectomy for carcinoma lung in Aug., 1958, Primary

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

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 3/23/59, to 3/28/59 and last saw him alive on 3/28/59
Death occurred at 4:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur Adelman MD
22b. ADDRESS: 751 E. 63rd St.
22c. DATE SIGNED: 3/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 28, 59
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS: Simmons Funeral Home K.C.K.
25. DATE RECD. BY LOCAL REG.: 3-27-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Arthur Adelman

Em 3-2272
Plew 2

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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons
Signature of Student Embalmer

Signed H Simmons

Licensed Embalmer No. 3903

P. O. Address K.C.K.

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.