

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022009

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 169 Primary Registration District No. _____ Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEWARK</u>		c. CITY OR TOWN <u>NEWARK</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W. PART NEWARK</u>		d. STREET ADDRESS (If outside, give location) <u>0520</u>	
3. NAME OF DECEASED (Type or print) First <u>FLORENCE</u> Middle <u>BELLE</u> Last <u>PARRISH</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>13</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 12, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>HEDGE CITY, KNOX CT. MO.</u>
13. FATHER'S NAME <u>JOHN BARNHILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>MR. ED. PARRISH NEWARK, MO.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 yr</u>
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug 11, 1957</u> to <u>June 13, 1959</u> and last saw her alive on <u>6/13/59</u> Death occurred at <u>1:30</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Waldo B. Brown MD</u>		22b. ADDRESS <u>Knox City Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 17, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>HARDWAY</u>		23d. LOCATION (City, town, or county) (State) <u>KNOX COUNTY MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Kelley Rogers Brasher, Mr.</u>		25. DATE RECD. BY LOCAL REG. <u>June 17-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Walter L. Hunter</u>	

Health, Welfare, Public Service

300 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Kelly Rogers Student Embalmer No. 580
working under my personal supervision..

Student Kelly Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 44

P. O. Address Elm. 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.