SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-042768

STATE FILE NUMBER 42768

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10662

FILED NOV 28 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: Marion
c. CITY OR TOWN: Palmyra
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2-2 Logan
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: MOSES Middle: D. Last: PARISH
4. DATE OF DEATH: Month: NOVEMBER Day: 14 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3/5/1890
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Hand
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Palmyra, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Parrish
13b. MOTHER'S MAIDEN NAME: Eliza Coward
14. NAME OF HUSBAND OR WIFE: Martha Bradley Parrish
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. # 1
17. INFORMANT: Address: Mrs. Moses Parrish, Palmyra, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY EMBOLI	RECENT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CONGESTIVE HEART FAILURE	RECENT
DUE TO (c)	HYPERTENSIVE HEART DISEASE 443X	UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): INTERCRANIAL ANEURYSM, LUNG ABSCESS

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 NOVEMBER 1, 1961, to NOV. 14, 1961 and last saw her/him alive on NOVEMBER 14, 1961
Death occurred at 3:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. D. Vannelli, M.D. (Degree or title): M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 11/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-17-61
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): Palmyra, Mo.

24. FUNERAL DIRECTOR ADDRESS: Sprague Funeral Home, Palmyra, Mo.
25. DATE REC'D. BY LOCAL REG.: NOV 16 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DEC 13 1961

JAN 9 1962

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 John J. Stein

Licensed Embalmer No. 4108

P. O. Address St Louis

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