MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005643
STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 193

FILED FEB 19 1962

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, — Length of stay in 1b 23yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2 — Inside Limits Yes ☐ X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Adair
c. CITY OR TOWN Kirksvielle — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 701 Wes Market St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLARD Middle Last PARRISH
4. DATE OF DEATH Month Feb Day 13, Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 14,
9. AGE (last birthday) 1895 66 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) New York
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk
17. INFORMANT Address Davis Parrish, Kirksville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneunoima — INTERVAL BETWEEN ONSET AND DEATH 10days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 5yrs
DUE TO (c) Arterisoclerosis — 10yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 _____, to _____ and last saw her him alive on 2/13/62
Death occurred at 6:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mohammad Tahir (Degree or title) M.D.
22b. ADDRESS State Hospital #2 St. Joseph, Mo
22c. DATE SIGNED 2/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/17/62
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Mo (State)

24. FUNERAL DIRECTOR John E. Duff
ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. Feb. 16, 1962
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

MOHAMMAD TAHIR M.D. MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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,

~~under~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo

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.