

Ronald

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017959

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. *27* Primary Registration District No. *4036* Registrar's No. *109*
FILED JUN 12 1962

VS 300
Rev. 4/59
10070
20070
3
4 *0*
5 *2*
6
7 *1*
8 *2*
94200
10
11
12 *90-0*
13 *1-0*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Length of stay in lb 20 yrs	c. CITY OR TOWN Rich Hill Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1st & Lashbrook St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1st & Lashbrook Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE CLEVELAND PARRISH			4. DATE OF DEATH Month Day Year May 31 1962
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/22/86
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 4 Days 9 Hours 0 Min.	IF UNDER 24 HR Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Odobolt, Iowa
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Plesant Parish	
13b. MOTHER'S MAIDEN NAME Sarah McQuiston		14. NAME OF HUSBAND OR WIFE	
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. none	
17. INFORMANT Allen Parish- Kansas City, Missouri		1607 East 8th St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Atherosclerotic heart disease DUE TO (c) dissecting aortic aneurysm 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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) None	
20c. TIME OF INJURY Hour None a.m. None p.m. None	Month, Day, Year None	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION Rich Hill, Missouri	COUNTY STATE
21. I attended the deceased from about 12 A to her and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Ronald W. Brown		22b. ADDRESS Butler, Mo	22c. DATE SIGNED 6-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/3/62	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
24. FUNERAL DIRECTOR Booth Funeral Serv.-Rich Hill, Mo.		25. DATE RECD. BY LOCAL REG. 6-6-62	26. REGISTRAR'S SIGNATURE Norma Frank Wilson

USE BLACK INK OR TYPEWRITER RIBBON

JUN 26 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 H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler MD

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.