MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022661
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 921

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 50 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield, — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1225 E. Stanford — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JAMES Middle GARLAND Last PARRISH, SR.
4. DATE OF DEATH: Month June Day 11, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: December 21,
9. AGE (last birthday): 1896 65 — IF UNDER 1 YEAR: Months 5 Days 20 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Maintenance Transportation
11. BIRTHPLACE (City and state or country): Walnut Grove, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Garland Parrish
13b. MOTHER'S MAIDEN NAME: Verna Dickey
14. NAME OF HUSBAND OR WIFE: Lucille M. Parrish
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Lucille M. Parrish, Address: Springfield, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerotic Heart disease
DUE TO (c):
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [X] 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 1 AM 6/11/62, to 1 AM 6/11/62 and last saw her/him alive on 6/11/62
Death occurred at 1:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 1636 S. Glenstone Springfield Mo
22c. DATE SIGNED: 6/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June , 1962
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 6-15-62
26. REGISTRAR'S SIGNATURE: Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1963

permit issued 6-11-62 J. Garland Perrine

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_____ Signed Lewis G. Scharpf

Signature of Student Embalmer

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.