

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-004619
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 357

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1 4002

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 13 1963	
1. PLACE OF DEATH	
a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton	a. STATE Mo. b. COUNTY St. Louis
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.	c. CITY OR TOWN Robertson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 5232 Richard Kent Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
ARBIE DEE PARISH	
4. DATE OF DEATH Month Day Year	
1 29 63	
5. SEX Male	6. COLOR OR RACE Col.
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/7/99
9. AGE (last birthday) 63	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Greenfield, Tenn.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Porter Parish	13b. MOTHER'S MAIDEN NAME Martha Jane Young
14. NAME OF HUSBAND OR WIFE Mrs. Audie Meals - 5232 Richard Kent Drive	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT Mrs. Audie Meals - 5232 Richard Kent Drive	Address
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Natural causes, probably coronary	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	DUE TO (c)
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"/> No <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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____ Death occurred at 2:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Raymond L. Hard Coroner	22b. ADDRESS Clayton, Missouri
22c. DATE SIGNED 2/6/63	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 2/4/63
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	23d. LOCATION (City, town, or county) (State) Berkeley, Mo.
24. FUNERAL DIRECTOR A. L. Beal Und. Co., 4303 Delmar	25. DATE RECD. BY LOCAL REG. 2-1-63
26. REGISTRAR'S SIGNATURE John M. Murphy	

USE BLACK INK OR TYPEWRITER RIBBON

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

Arthur L. Heilman

Licensed Embalmer No.

4351

P. O. Address

3100 Easton

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.