

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Holden</b>		c. LENGTH OF STAY (In this place) <b>30 Y.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Holden</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West 4th Street.</b>				d. STREET ADDRESS (If rural, give location) <b>West 4th Street.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Floyd</b> b. (Middle) <b>Wooley</b> c. (Last) <b>Parrish.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1949</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 13, 1880</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Osteopath</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Frankford, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Charles H. Parrish</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Wooley</b>		14. NAME OF HUSBAND OR WIFE <b>Laurissa Gildersleeve</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Laurissa G. Parrish, Holden, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowned in well</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic arthritis Chronic myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH          <b>8975X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT OR SUICIDE (Specify) <b>Suicide well at home</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>well at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Holden Johnson Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 13 '49 10:30A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Jumped in well</b>				
22. I hereby certify that I attended the deceased from <b>June 12, 1948</b> , to <b>May 13, 1949</b> , that I last saw the deceased alive on <b>May 6, 1949</b> , and that death occurred about <b>10:30A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Kelly Rawlins M.D. Coroner</b>				23b. ADDRESS <b>Johnson Co Holden Mo</b>		23c. DATE SIGNED <b>5/14/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 15, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Holden, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>May 14, 1949</b>		REGISTRAR'S SIGNATURE <b>Mrs. G. O. Redford</b>		50 FUNDAL DIRECTOR'S SIGNATURE <b>E. B. CAST</b>		ADDRESS <b>HOLDEN, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7201  
9  
255

**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.

Signed \_\_\_\_\_

*E. B. Cant*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4059*

P. O. Address \_\_\_\_\_

*Holton, 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 this body is not embalmed, fact should be so stated above.