

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5603

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellington</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KARLO</u> b. (Middle) <u>(N)</u> c. (Last) <u>PARRISH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Oct. 25, 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>		11. BIRTHPLACE (State or foreign country) <u>Novi, Yougoslavia</u>		12. CITIZEN OF WHAT COUNTRY? <u>Naturalized</u>

13a. FATHER'S NAME <u>Tom Parrish</u>	13b. MOTHER'S MAIDEN NAME <u>Eva (No Record)</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Parrish</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Slava Parrish Wellington, Missouri</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Deкомпensation</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Regeneration</u> DUE TO (c)		<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>		<u>10 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-2-2-2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from March 10, 1949, to Feb. 20, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 7:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Lamborn</u>	(Degree or title) <u>P.O.</u>	23b. ADDRESS <u>Wellington, Mo.</u>	23c. DATE SIGNED <u>2-22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-22-52</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	453	FUNERAL DIRECTOR'S SIGNATURE <u>John Shappard</u>	ADDRESS <u>Wellington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

540
1

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Clair Shppard

Signed.....
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wallington, 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.