

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15544

State File No. ....

FILED MAY 28 1952

BIRTH NO. REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>LAMAR</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LAMAR</b>	
c. LENGTH OF STAY (in this place) <b>37 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>1006 TRUMAN AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>			

3. NAME OF DECEASED a. (First) <b>MARTHA</b>		b. (Middle) <b>BELLE</b>		c. (Last) <b>PARRISH</b>		4. DATE OF DEATH (Month) <b>MAY</b> (Day) <b>16</b> (Year) <b>1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 19, 1873</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>DALLAS COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	

13a. FATHER'S NAME <b>DAN COALSTON</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH SNEAD</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH HARRISON PARRISH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOSEPH H. PARRISH</b> ADDRESS <b>LAMAR, MISSOURI</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>5M.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, Cerebral Thrombosis</b>		
	DUE TO (c) <b>Thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>		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.) <b>LAMAR Barton Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY		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 **Jan. 1952** to **May 16, 1952**, that I last saw the deceased alive on **May 16, 1952**, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.R. Guedner M.D.</b> (Degree or title)		23b. ADDRESS <b>LAMAR</b>		23c. DATE SIGNED <b>May 17-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 19 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake</b>	
		24d. LOCATION (City, town, or county) <b>Lamar, Missouri</b>		(State)	

DATE REC'D BY LOCAL REG. <b>MAY 19 1952</b>		REGISTRAR'S SIGNATURE <b>Marie Konantz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>KONANTZ FUNERAL HOME</b> ADDRESS <b>LAMAR, MO.</b>	
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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 Frank W. Denton

Signed.....  
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.