

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42839

State File No. \_\_\_\_\_

No. 300  
10-48

86799

**FILED** JAN 5 1953

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 432

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>7 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		d. STREET ADDRESS (If rural, give location) <u>116. A WINTER ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH H. HOSP</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROL</u>		b. (Middle) <u>JEANNE</u>	c. (Last) <u>PARRISH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23. 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC. 16. 1952</u>		9. AGE (In years last birthday) <u>7</u> <small>if under 1 year</small> <u>7</u> <small>if under 1 month</small> <u>7</u> <small>if under 1 day</small> <u>7</u> <small>if under 1 min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>
13a. FATHER'S NAME <u>ROBERT EUGENE PARRISH</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLYN MAE CALHOUN</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert E Parrish</u> ADDRESS <u>Monroe City, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis??</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES <u>Prematurity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>(28 weeks gestation)</u> DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>(28 weeks gestation)</u> 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		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 <u>Dec 16</u> , 19 <u>52</u> , to <u>Dec 23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 23</u> , 19 <u>52</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert Lanning</u> (Degree or title)			23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>12/30/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy ROSARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CITY, MO</u>	
DATE REC'D BY LOCAL REG. <u>12/31/52</u>	REGISTRAR'S SIGNATURE <u>W.C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson &amp; Son</u> ADDRESS <u>MONROE CITY, MO.</u>		

(Licensed Emballer's Statement on Reverse Side)

RECEIVED JAN 2 1953

MARION CO. HEALTH DEPT.

DATE FILED JAN 2 1953

*W. L. Nelson*  
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 *me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. L. Nelson*

Licensed Embalmer No. *314*

P. O. Address *Marion City 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.