

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29431

State File No.

FILED SEP 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural E. Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural E. Franklin</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort, Mo. R# 0730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eureka</u> b. (Middle) <u>Armanda</u> c. (Last) <u>Parish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 15 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	IF UNDER 24 HRS. Hour <u>6</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>McDonald Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fountain T Mayfield</u>	13b. MOTHER'S MAIDEN NAME <u>Lavina C. Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Henry C. Parish (Dec)</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E. C. Tichenor</u> ADDRESS <u>Rocky Comfort</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANCECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Prolaped uterus Postmenopausal</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 15, 1953, to 7-21, 1953, that I last saw the deceased alive on 7-17, 1953, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>7-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South West City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>South West City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-26-53</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	369- <u>75</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Roy Weston</u> ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Office No.
District File Number 953-165
Date Filed SEP 3 1959

NEOSHO, MISSOURI

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 _____
Student Embalmer

Signed James Kenneth Duncan
Licensed Embalmer No. 4767

P. O. Address Wheaton 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.