

FILED OCT 14 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 113744

492

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1018 W. 1st St.		d. STREET ADDRESS (If rural, give location) Rt. # 1, Joplin	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) Mabel	c. (Last) Parrish	4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1902	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cartersville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mason Oliver	13b. MOTHER'S MAIDEN NAME Vitella Jackson	14. NAME OF HUSBAND OR WIFE Vernon Parrish
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon Parrish, Rt. 1, Joplin, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, hypertension			unknown
	DUE TO (c) 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"/>
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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 1-17, 1953, to 10-3, 1953, that I last saw the deceased alive on 9-28, 1953, and that death occurred at 3:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. O	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 10-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-6-53	24c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	24d. LOCATION (City, town, or county) (State) Cartersville, Mo.
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DATE REC'D BY LOCAL REG. 10-5-53	REGISTRAR'S SIGNATURE 474 Mrs. Madeline O. Switzer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo. Mortuary
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RECEIVED OCT 12 1953

Jasper County Health Office

County File Number 53-10-819

Date Filed OCT 12 1953

FEB 1 1962

OCT 14 1953

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb 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.