

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4223**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **96**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital		e. STREET ADDRESS (If rural, give location) New Jenkins 0160	
3. NAME OF DECEASED (Type or Print) a. (First) LAIL b. (Middle) DEAN c. (Last) PARISH		4. DATE OF DEATH (Month) (Day) (Year) February 6, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not Married	8. DATE OF BIRTH February 5, 1954
9. AGE (In years last birthday) —	10. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Advance, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Benjamin Parish		13b. MOTHER'S MAIDEN NAME Marcia Arnold	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —	
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Mabel Arnold Perkins, Mo.	
17. ADDRESS —		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.	
19. DATE OF OPERATION		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia & Massive Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mucous Plug in Bronchi. DUE TO (c) Prolonged Labor II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Baby delivered at home and referred to hospital following delivery	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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 Feb 5, 1954 , to Feb 6, 1954 , that I last saw the deceased alive on Feb 6, 1954 , and that death occurred at 2:00 m., from the causes and on the date stated above.			
23a. SIGNATURE W. D. Drummell (Degree or title) D. O.		23b. ADDRESS 28 S. Spanish Cape Girardeau, Mo.	
23c. DATE SIGNED Feb 18, 1954		24. LOCATION (City, town, or county) (State) Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1954	
24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park		24d. LOCATION (City, town, or county) (State) Advance Mo.	
DATE REC'D BY LOCAL REG. 2-18-54		REGISTRAR'S SIGNATURE C. C. Summers 44-0	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lloyd S. Morgan		ADDRESS Advance, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 Not embalmed....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.