

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7672**

68344-53

BIRTH NO. **FILED MAR 24 1954** REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Van Buren	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hosp		d. STREET ADDRESS (If rural, give location) 1 mile West of Wentworth	

3. NAME OF DECEASED a. (First) Shirley (Type or Print)			b. (Middle) SUE			c. (Last) Parrigon			4. DATE OF DEATH (Month) (Day) (Year) March 14 1954		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Oct. 23 - 1953		9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Charles Parrigon		13b. MOTHER'S MAIDEN NAME Derna Pennel		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Parrigon	
ADDRESS Wentworth Mo					

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) Failure cerebral cardio vascular center				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage				2 days	
		DUE TO (c) Severe Gastro Enteritis				2 weeks	
		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.) Monett		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Barry Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **3/11**, 1954, to **3/14**, 1954, that I last saw the deceased alive on **3/14**, 1954, and that death occurred at **7:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE R. A. Kohberg MD (Degree or title)		23b. ADDRESS 215 4th Monett Mo		23c. DATE SIGNED 3/17/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1954		24c. NAME OF CEMETERY OR CREMATORY, Clear Creek Baptist	
24d. LOCATION (City, town, or county) (State) Newton Court Mo		DATE REC'D BY LOCAL REG. 3-18-54		REGISTRAR'S SIGNATURE Katherine Henderson ADDRESS 487	
25. FUNERAL DIRECTOR'S SIGNATURE Wilma Ben		ADDRESS Pine City Mo			

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

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

Edwin Wilks

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edwin Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. *4131*

P. O. Address *Quincy Ok 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.