

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29449

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>711</u>		PRIMARY REG. DIST. NO. <u>580</u>		Registrar's No. <u>1973</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN <u>St. Louis 4</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>1540 Lafayette Hwy 2239</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>A</u> c. (Last) <u>Parshall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/14/1954</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 6, 1868</u>		9. AGE (In years last birthday) <u>86</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	11. IF UNDER 24 HRS. Hours <u>1</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw Mill</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired (unk)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Loth Parshall</u>		13b. MOTHER'S MAIDEN NAME <u>Ludia Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Parshall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ludia Whelan</u> ADDRESS <u>1540 Lafayette</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) : _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Peritonitis</u>					<u>1 week</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Jejunum, Duodenum + Cecum Colon</u>				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) <u>5702</u>			
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>8/7</u> , 19 <u>54</u> , to <u>8/14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/14</u> , 19 <u>54</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ant Brown</u> (Degree or title) _____			23b. ADDRESS <u>25374 Riverwood Blvd</u>			23c. DATE SIGNED <u>8/14/54</u>	
24a. BURIAL-CREMA-TION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>POPLAR BLUFF</u>		24d. LOCATION (City, town, or county) (State) <u>POPLAR BLUFF, MO.</u>		
DATE REC'D BY LOCAL REG. <u>8/14/54</u>		REGISTRAR'S SIGNATURE <u>Herbert S. Spink</u>		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Clark 1125 Hadamant ave.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10. 46

AUG 25 1958

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 266

P. O. Address 1125 India

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.