

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1685

FILED FEB 6 1957

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 16

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, give TOWNSHIP only) OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CARTERVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1018 WEST FIRST ST			Length of stay in 1b	d. STREET (If outside, give location) ADDRESS 123 WEST HANNUM			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) NANNIE				First PARRISH		Last PARRISH	
4. DATE OF DEATH Month 1 Day 30 Year 1957		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH 6-22-1866		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 6 Days 8 Hours Min. 		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (City and state or country) GALIA COUNTY IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME PERRY SUMMERS				14. MOTHER'S MAIDEN NAME NO DATA			
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. NONE		17. INFORMANT MRS PAULINE WHEELER Address SPRINGFIELD MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pulmonary Edema. DUE TO (b) Myocarditis. DUE TO (c) Coronary Arteriosclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility. Renal Failure.							INTERVAL BETWEEN ONSET AND DEATH 4 days. Not Known Not Known
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CARTERVILLE		COUNTY MO	STATE MO
21. I attended the deceased from August 9/56 to JAN 29/57 and last saw her alive on JAN 29/57 Death occurred at 11:25 AM, JAN 30/57 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. Wells - J. C.				22b. ADDRESS Dr. Wells - J. C., Webb City, Mo		22c. DATE SIGNED 1/31/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-2-1957	23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY		23d. LOCATION (City, town, or county) (State) CARTERVILLE MO		
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO			25. DATE RECD. BY LOCAL REG. 2-1-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

hh, affare, illic, vice, 00, 56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Vector, coroner, etc. must use only standard forms. Do not use any other forms. Do not use any other forms. Do not use any other forms.

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 Richard Gray Lee

Licensed Embalmer No. 44
P. O. Address Webb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.