

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000690
STATE FILE NUMBER

FILED FEB 4 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Camdenton 150	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. Still		d. STREET ADDRESS Camdenton	
Length of stay in lb 5 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last James Ross Parrish			4. DATE OF DEATH Month Day Year Jan 23, 1959		
5. SEX Male ⁰	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 20-1887	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 2 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Linn Creek Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Tom Parrish			14. MOTHER'S MAIDEN NAME Nancy Garrison		
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. no	17. INFORMANT Address Malcolm Parrish Camdenton 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) <i>medullary paralysis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral hemorrhage</i>		
DUE TO (c) <i>Arteriosclerosis.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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		COUNTY	STATE

21. I attended the deceased from 10/1/58 to 1/23/59 and last saw ^{not} him alive on 1/22/59		
Death occurred at 1:30 pm 1/23/59 on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Kenneth E. Mittleman D.O.	22b. ADDRESS Camdenton, Mo	22c. DATE SIGNED 1/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan, 28-59	23c. NAME OF CEMETERY OR CREMATORY Dale Blair Cemetery	23d. LOCATION (City, town, or county) Camdenton Mo	(State)
24. FUNERAL DIRECTOR ADDRESS Reed Funeral Home, Camdenton Mo		25. DATE RECD. BY LOCAL REG. 26 January 1959	26. REGISTRAR'S SIGNATURE R. P. Norris, M.D.-Ph.R.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Robert H. Reed*

Licensed Embalmer No. *37*

P. O. Address *Camden, N.J.*

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.