

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036757

STATE FILE NUMBER

Registration District No. 749 Primary Registration District No. 5622 Registrar's No. 27

FILED SEP 24 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS:300
Rev. 4/59

1 0520

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY KNOX	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 7 mi nw of Knox City		c. CITY OR TOWN 7 mi nw of Knox City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last FOREST PRENTICE PARRISH			4. DATE OF DEATH Month Day Year Sept 10, 1963		
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 30 Jan 1901	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Jesse L. Parrish	13b. MOTHER'S MAIDEN NAME Mary Belle Goodwin	14. NAME OF HUSBAND OR WIFE Edith Parrish
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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.	17. INFORMANT Address Mrs. Edith Parrish Knox City, Mo R.#1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 years
DUE TO (b) Arterio Sclerotic heart disease		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Decompensation of heart and aedema		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 7:15 2/15/61 to 9/10/63 and last saw ^{her}him alive on 9/6/63
Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ned B Deon (Degree or title)	22b. ADDRESS Knox City Mo	22c. DATE SIGNED 9/12/63 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12 Sept 1963	23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	23d. LOCATION (City, town, or county) Edina, Mo
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24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOMES, Edina, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 9/12/63	26. REGISTRAR'S SIGNATURE Ned B Deon
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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

Jerry L. David

Licensed Embalmer No. 5216

P. O. Address Huddell, Va

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.