

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5792

State File No. ....

**7** FEB MAR 8 1952

BIRTH NO. ....

REG. DIST. NO. 218

PRIMARY REG. DIST. NO. 5790

Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie (Rural) Wash Island</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pinhook community</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>Louis</u> c. (Last) <u>Parrish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1952</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>					
8. DATE OF BIRTH <u>Jan. 17, 1877</u>			9. AGE (In years last birthday) <u>75</u>		<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 2 WKS.</td> </tr> <tr> <td>Months <u>0</u></td> <td>Days <u>29</u> Hours <u> </u> Min. <u> </u></td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 2 WKS.	Months <u>0</u>	Days <u>29</u> Hours <u> </u> Min. <u> </u>
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Months <u>0</u>	Days <u>29</u> Hours <u> </u> Min. <u> </u>								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pontotoc, Miss.</u>				
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Unk.</u>						
13b. MOTHER'S MAIDEN NAME <u>Unk.</u>			14. NAME OF HUSBAND OR WIFE						

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Welfare Office, Charleston, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		DUPLICATE OF (b) <u>Influenza</u>			<u>1 wk</u>	
DUPLICATE OF (c) _____		DUPLICATE OF (c) _____			<u>2 wks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (c) _____			DUPLICATE OF (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u> </u>		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 Feb 12, 1952 to Feb 15, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Martin MD</u> (Degree or title)		23b. ADDRESS <u>East Prairie</u>		23c. DATE SIGNED <u>2-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery.</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. L. Sparks</u> ADDRESS <u>Charleston, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>3-1-52</u>		REGISTRAR'S SIGNATURE <u>Bertrude G. Harper</u>		1970	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
70  
1

MAR 6 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed MAR 7 1952

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Frank Sparks*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Depe, Mississippi

**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.

*March 2, 1952*