

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23741

BIRTH NO.		REG. DIST. NO. 217	PRIMARY REG. DIST. NO. 5787	Registrar's No. 15
1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural)		c. LENGTH OF STAY (In this place) 2 yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 2, Box 252		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural) 0670		
f. STREET ADDRESS R. 2, Box 252		g. STREET ADDRESS (If rural, give location) R. 2, Box 252		
3. NAME OF DECEASED (Type by Print) Jim		a. (First)	b. (Middle)	c. (Last) Parnell
4. DATE OF DEATH (Month) (Day) (Year) April 21, 1954				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 21, 1895	9. AGE (In years, last birthday) Months Days Hours Min. 58
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 Foreign Country) Cal County, Miss.
12. CITIZEN OF WHAT COUNTRY? USA.				
13a. FATHER'S NAME Bob Parnell		13b. MOTHER'S MAIDEN NAME Georgiana Robinson		14. NAME OF HUSBAND OR WIFE Christine Parnell
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'S SIGNATURE OR NAME ADDRESS Hollie Hope, R. 2, Box 252, Charleston, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 hrs. ANTECEDENT CAUSES DUE TO (b) arterio sclerosis ab lead DUE TO (c) Hypertension 3 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension heart disease 3 mos +		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 331 X		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 April 8, 1954 , to April 21, 1954 , that I last saw the deceased alive on April 21, 1954 , and that death occurred at 6:00 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. Chas. Solving M.D.		23b. ADDRESS Charleston Mo		23c. DATE SIGNED 4-24-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 24, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Mo.				
DATE REC'D BY LOCAL REG. 7-1-54		REGISTRAR'S SIGNATURE Jean Deane 4807		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. I. Sparks Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24

RECEIVED

Miss. Co. Health D

County File No.

Date Filed

JUL 27

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

Student Embalmer

Signed

Frank Sparks

Licensed Embalmer No. 3451

P. O. Address Box 512

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.