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FILED JUL 5 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21250

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5788 Registrar's No. 25

**1. PLACE OF DEATH**
a. COUNTY Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston (Rural) Miss. Twp.
c. LENGTH OF STAY (in this place) 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 Box 269

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston (Rural) Miss. Twp.
d. STREET ADDRESS (If rural, give location) Rt. 1 Box 269

0670

**3. NAME OF DECEASED** (Type or Print)
a. (First) Lizzie
b. (Middle)
c. (Last) Parrow

**4. DATE OF DEATH** (Month) (Day) (Year) June 22, 1956

**5. SEX** Female 3
**6. COLOR OR RACE** Col.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2
**8. DATE OF BIRTH** April 8, 1871
**9. AGE** (In years last birthday) 85 — IF UNDER 1 YEAR Months 2 Days 14 — IF UNDER 24 HRS. Hours Min.

**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** (State or foreign country) St. James Co. Louisiana 1
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** E.W. Ambrose
**13b. MOTHER'S MAIDEN NAME** Malinda Johnson
**14. NAME OF HUSBAND OR WIFE** Charlie Parrow

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service) _____
**16. SOCIAL SECURITY NO.** _____
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Gertie Cole, R.1, Charleston, Mo. ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension & Arteriosclerosis ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 331X
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* 6/14, 1956, *to* 6-20, 1956, *that I last saw the deceased alive on* 6/20, 1956, *and that death occurred at* 12:22 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) L. M. C. Dumoneaux MD
**23b. ADDRESS** Charleston MO
**23c. DATE SIGNED** 6/23/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** June 25, 1956
**24c. NAME OF CEMETERY OR CREMATORY** Oak Grove Cemetery
**24d. LOCATION** (City, town, or county) (State) Charleston, Missouri

**DATE REC'D BY LOCAL REG.** 6-28-55
**REGISTRAR'S SIGNATURE** Gertrude G. Harper
**25. FUNERAL DIRECTOR'S SIGNATURE** Mrs. F. J. Sparks
**ADDRESS** Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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Miss. Co. Health De
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**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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.