

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20355

State File No.

FILED JUL 12 1949

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u> c. LENGTH OF STAY (in this place) <u>About 1 hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marion</u> <u>72</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) <u>9</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Parraw</u> c. (Last) <u>Parraw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Jan 12 1949</u>
9. AGE (in years last birthday) <u>5</u> <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Catron Mo</u>
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Leroy Parraw</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Lee Bennett</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)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Parraw - Marion Mo</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Diarrhoea</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acidosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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 <u>26 June 1949</u> , to <u>26 June 1949</u> , that I last saw the deceased alive on <u>26 June 1949</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. B. Reinton Jr. M.D.</u>		23b. ADDRESS <u>Portageville, Mo.</u>	23c. DATE SIGNED <u>28 June 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Catron, Mo</u>
DATE REC'D BY LOCAL REG. <u>June 28 1949</u>	REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u> <u>219</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pondor Funeral Home</u> ADDRESS <u>Litbourn, Mo</u>	

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

72
6
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RECEIVED

District Health Office No. 2,

District File Number JUL 749-708

Date Filed 7 1949

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.