

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36444**BIRTH NO. _____ REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **4180** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMPBELL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
c. LENGTH OF STAY (in this place) 3 mo.		d. STREET ADDRESS (If rural, give location) 208 King	
d. FULL NAME OF HOSPITAL OR INSTITUTION G. B. Rest Home			

3. NAME OF DECEASED (Type or Print) CELIA			a. (First)			b. (Middle)			c. (Last) PARRENT			4. DATE OF DEATH NOV. 8, 1955		
5. SEX Female			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Nov. 5, 1880			9. AGE (In years last birthday) 75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.			IF UNDER 1 YEAR: Months 0 Days 3		

13a. FATHER'S NAME Wm. Jones			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Deceased		
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. none			17. INFORMANT'S SIGNATURE OR NAME Mary Starnes, 207 Butler, Kennett,		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion						3 hrs.	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic and Mitral Regurgitation DUE TO (c) Probable Rheumatic heart disease						? years.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/11 X						?	

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)		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 **8/23, 1955**, to **11/8, 1955**, that I last saw the deceased alive on **11/8, 1955**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wallace A. Selby M.D.			23b. ADDRESS Campbell Mo.			23c. DATE SIGNED 11/12/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Oakridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett, Missouri		
DATE REC'D BY LOCAL REG. 11/12/1955		REGISTRAR'S SIGNATURE Mrs. B. Leulah Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home		ADDRESS Campbell, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

ALL

RECEIVED DUNNIN COUNTY HL

DEPARTMENT 11-14-

COUNTY FILE NUMBER 1155-

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell,

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

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