No. 300
10-48

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41772

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BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 106

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jennings Addition

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 67
d. STREET ADDRESS (If rural, give location): Jennings Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle):
c. (Last): Riley

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1949

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug. 12, 1903
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cooperage
11. BIRTHPLACE (State or foreign country): West Point, Miss.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Ida B. Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II.
16. SOCIAL SECURITY NO.: 497-18-1972
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ida B. Riley, 517 S. Locust — ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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.: 420

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 12 Dec, 1949, *to* 13 Dec, 1949, *that I last saw the deceased alive on* 12 Dec, 1949, *and that death occurred at* 10:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. E. Dunnancourt M.D.
23b. ADDRESS: Bryant Bldg Charleston Mo
23c. DATE SIGNED: 15 Dec 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: Dec. 17, 1949
REGISTRAR'S SIGNATURE: Mrs. Lex Kilgore 439
25. FUNERAL DIRECTOR'S SIGNATURE: F. J. Sparks — ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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Miss. Co. Health De
County File No.
Date Filed DEC 2 2 194

DEC 30 1949

DEC 32 1930

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.

Signed Frank Sparks

Signed .....
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.