

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5462

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 20

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) Charleston		c. CITY (If outside corporate limits, write RURAL and give township) Charleston	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) 210 S. Locust St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 S. Locust St.		d. STREET ADDRESS 210 S. Locust St.	

3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) Stallings c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 4, 1950		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
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) Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Geo. Anthony		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mose Stallings	
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 Mose Stallings, 210 S. Locust, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Bronchitis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		490X	

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 2-27-1950, to 2-4-, 1950, that I last saw the deceased alive on 2-4-, 1950, and that death occurred at 1:25Pm., from the causes and on the date stated above.

23a. SIGNATURE W. A. Fingel (Degree or title) M.D.	23b. ADDRESS 504 S. Locust St Charleston, Mo.	23c. DATE SIGNED 3-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Mo.		

DATE REC'D BY LOCAL REG. March 7, 1950	REGISTRAR'S SIGNATURE Tommy Rex Kilgore	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Charleston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

672

MAR 9 RECD

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 10 1950

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. 3455

P. O. Address Cape Girardeau, Mo

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.