

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9669BIRTH NO. 16165-50 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 S. Locust St.</u>		d. STREET ADDRESS (If rural, give location) <u>408 S. Locust St.</u>	
3. NAME OF DECEASED (Type or Print) / a. (First) <u>Jackie</u>		b. (Middle) _____ c. (Last) <u>Smith</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1950</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(infant)</u>		8. DATE OF BIRTH <u>March 23, 1950</u>	
9. AGE (In years last birthday) <u>---</u>		10. IF UNDER 1 YEAR Months <u>---</u> Days <u>1</u>	
11. IF UNDER 2 HRS. Hours <u>---</u> Min. <u>1</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	
10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Leon Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Thelma Pettigrew</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. -----	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thelma Smith</u>		ADDRESS <u>408 S. Locust St., Charleston, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spontaneous Abortion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776X</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)		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>Mar 23, 1950</u> , to <u>Mar 23, 1950</u> , that I last saw the deceased alive on <u>Mar 23, 1950</u> , and that death occurred at <u>9:20 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John S. Sample M.D.</u>		23b. ADDRESS <u>206 Locust St. Charleston Mo</u>	
23c. DATE SIGNED <u>3/24/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>	
DATE REC'D BY LOCAL REG. <u>March 26, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Lex Helgerson</u>	
25. ADDRESS <u>Charleston, Mo</u>		26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed MAR 31 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 \_\_\_\_\_

*This body not Embalmed* Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frank Sparks* \_\_\_\_\_

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.