

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14650

3399

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3399	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. LENGTH OF STAY (in this place) 38 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beachville		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) Leota c. (Last) Jackson			4. DATE OF DEATH (Month) (Day) (Year) April 8 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-19-1917	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. 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 At Home		11. BIRTHPLACE (State or foreign country) Piggott Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Thompson		13b. MOTHER'S MAIDEN NAME Bewlah		14. NAME OF HUSBAND OR WIFE Tommy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME G. N. Thompson ADDRESS Piggott Ark.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Carcinoma of cervix			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
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) Ark			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 March 2, 1950 , to April 8, 1950 , that I last saw the deceased alive on April 8, 1950 , and that death occurred at 11:30 m., from the causes and on the date stated above.							
23a. SIGNATURE F. R. Bradley (Degree or title) M.D.				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 4-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-50	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Beachville Ark		
DATE REC'D BY LOCAL REG. APR 12 1950		REGISTRAR'S SIGNATURE J. B. Suster		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS _____			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10 Mo*

Signed.....
Student Embalmer

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.