NO. 500
10.48

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

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25043

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6166

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Peoples Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mississippi
b. COUNTY: Coahoma
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksdale 8230
d. STREET ADDRESS (If rural, give location): 146 N. 19th Street 8

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

4. DATE OF DEATH (Month) (Day) (Year): 7/14/50

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/27/83
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carrollton Co., Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Richard Martin
13b. MOTHER'S MAIDEN NAME: Martha Smith
14. NAME OF HUSBAND OR WIFE: Addie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Estella Penermon, 1711 Carr Street

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) Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis — 6 mths
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 ☐ 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?: 592X

22. *I hereby certify that I attended the deceased from* 7-13, 1950, *to* 7-14, 1950, *that I last saw the deceased alive on* 7-14, 1950, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Young (Degree or title): M.D.
23b. ADDRESS: 2337 Market Street
23c. DATE SIGNED: 7-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/18/50
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Clarksdale, Mississippi

DATE REC'D BY LOCAL REG.: 7-18-50
REGISTRAR'S SIGNATURE: J. B. Fasater

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Chas. J. Gates, 4107 Finney Avenue

(Licensed Embalmer's Statement on Reverse Side)

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 John R. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.