

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28325

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State File No. 7634
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 7634		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (In this place) _____											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2720 Howard Street</u>				d. STREET ADDRESS (If rural, give location) <u>2720 Howard Street</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Corine</u>			b. (Middle) _____			c. (Last) <u>Jamison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1950</u>						
5. SEX <u>3</u> <u>female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 22, 1893</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>unknown Ark.</u>		12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME <u>Taylor Maddock</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Widowed</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Richard Jamison</u>				ADDRESS <u>2720 Howard St.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>								INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. CITY, TOWN OR TOWNSHIP <u>St. Louis</u>		(COUNTY) _____		(STATE) <u>MO</u>					
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? <u>H201</u>									
22. I hereby certify that I attended the deceased from <u>Sept 1, 1950</u> , to <u>Aug 15, 1950</u> that I last saw the deceased alive on <u>Aug. 30, 1950</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>John A. Williams M.D.</u>				(Degree or title) _____				23b. ADDRESS <u>2617th Franklin Ave</u>				23c. DATE SIGNED <u>9-8-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ship.</u>		24b. DATE <u>Sept. 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fordyce, Ark.</u>		24d. LOCATION (City, town, or county) <u>Fordyce, Ark.</u>		(State) _____							
DATE REC'D BY LOCAL REG. <u>SEP 8 1950</u>				REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Dement & Son</u>				ADDRESS <u>2620-31 Cole Street</u>			

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

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

A. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4375 Aldine

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.