

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 9 1950

State File No. **31124**

BIRTH NO. **50933-50** REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **5787** Registrar's No. **63**

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) OR TOWN Charleston (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural)	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) R. 3, Box 245	
d. FULL NAME OF HOSPITAL OR INSTITUTION: R. 3, Box 245			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Eugene c. (Last) Hines			4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH July 3, 1950	9. AGE (In years last birthday) 2	# UNDER 1 YEAR Months 24 Days
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) Charleston, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Tony Hines	13b. MOTHER'S MAIDEN NAME Sam Ella Lloyd	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 Tony Hines, R. 3, Box 245, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7720
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malaria		
	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Sept 24, 1950 to Sept 27, 1950 that I last saw the deceased alive on Sept 27, 1950 and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. P. Taylor, M.D.	23b. ADDRESS Wyatt, Mo.	23c. DATE SIGNED 9/29/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 29, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks ADDRESS Charleston, Mo.	
DATE REC'D BY LOCAL REG. Oct. 2, 1950	REGISTRAR'S SIGNATURE Mrs. Lucy Kilgore	439

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

No. 300
10-48

670
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OCT 5 1950

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 6 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 J. 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.

Chas. B. F.