

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37796  
Registrar's No. 87

BIRTH NO. _____		REG. DIST. NO. <u>917</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>87</u>			
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) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		<u>0672</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kimes Addition</u>				d. STREET ADDRESS (If rural, give location) <u>Kimes Addition</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry,</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>March 12, 1886</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Days <u>8</u>		IF UNDER 1 YEAR Days <u>6</u>		IF UNDER 1 YEAR Hours <u>Min.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Welfare Office Charleston, Missouri</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>Apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>334X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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) (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 <u>Nov. 13, 1950</u> , to <u>Nov. 18, 1950</u> , that I last saw the deceased alive on <u>Nov. 13, 1950</u> , and that death occurred at <u>6:00P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>T. P. Fenton, D.O.</u> (Degree or title)				23b. ADDRESS <u>T. P. Fenton, D., O. Wyatt, Missouri</u>		23c. DATE SIGNED <u>11/21/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Ray Hilgerson</u>		52. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Charleston, Mo.</u>			

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

DEC 2 REC'D

RECEIVED

Miss. Co. Health Dept

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

Date Filed DEC 8 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 Sparks

Licensed Embalmer No. 3458

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.