

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1882**

FILED FEB 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **6**

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

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston</b>	
c. LENGTH OF STAY (In this place) <b>15 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Renfro Nursing Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Renfro Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>J.</b> b. (Middle) <b>H.</b> c. (Last) <b>Mallett</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 17, 1872</b>	9. AGE (In years last birthday) <b>78</b>	# UNDER 1 Year <b>4</b>	# UNDER 1 Month <b>2</b>	# UNDER 1 Hour <b></b>	# UNDER 1 Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (State or foreign country) <b>Carbondale, Illinois /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Richie Mallett</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Welfare Office, Charleston, Missouri</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	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.		331 x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12/7, 1950, to Dec 7, 1950, that I last saw the deceased alive on 12/9, 1950, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. J. J. Sparks</b>	(Degree or title)	23b. ADDRESS <b>Charleston, Mo.</b>	23c. DATE SIGNED <b>23/Jan/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 20, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 21, 1951</b>	REGISTRAR'S SIGNATURE <b>Mrs. Let Kilgore</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. J. Sparks</b>	ADDRESS <b>Charleston, Mo.</b>
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FEB 2 REC'D

RECEIVED

Miss. Co. Health Dept

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

Date Filed FEB 2 1951

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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.....  
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau Mo

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.