

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1888

BIRTH NO.		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 5987		Registrar's No. 4			
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-Tywappity		c. LENGTH OF STAY (In this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston-Rural-Tywappity		0670			
d. FULL NAME OF HOSPITAL OR INSTITUTION None except R#1 Charleston				d. STREET ADDRESS (If rural, give location) R#1 Charleston					
3. NAME OF DECEASED (Type or Print) William			a. (First)		b. (Middle) Simon		c. (Last) Cherry		
4. DATE OF DEATH (Month) (Day) (Year) January 13, 1951		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 0		8. DATE OF BIRTH June 13, 1881	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Benton County Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Cherry			13b. MOTHER'S MAIDEN NAME Rachel Pierce			14. NAME OF HUSBAND OR WIFE Sarah Caroline Cherry (dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Raymond Cherry, Charleston, Mo				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Primary carcinoma of the liver</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 years</i>	
				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.				162-X	
19a. DATE OF OPERATION <i>July 6, 1950</i>		19b. MAJOR FINDINGS OF OPERATION <i>Primary carcinoma of the liver</i>						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 <i>Mar 31, 1950</i> , to <i>Jan 13, 1951</i> , that I last saw the deceased alive on <i>Jan 6, 1951</i> , and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>William L. Davis</i> M. D. 0				23b. ADDRESS Charleston, Mo		23c. DATE SIGNED 1/13/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11		24b. DATE 1/14/51		24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery		24d. LOCATION (City, town, or county) (State) Dogwood, Mississippi, Mo.			
DATE REC'D BY LOCAL REG. Jan 26 1951		REGISTRAR'S SIGNATURE <i>Mrs. Let. Stiles</i>		439		25. FUNERAL DIRECTOR'S SIGNATURE THE NUNNLEE FUNERAL CHAPEL, Charleston, Mo			

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

0670 /

FEB 2 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed FEB 2 1951

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 John F. Nunneler

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.