

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18731
Registrar's No. 4331

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) I Yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4275, Kennerly			
3. NAME OF DECEASED (Type or Print) a. (First) Avanel b. (Middle) High c. (Last) West			4. DATE OF DEATH (Month) (Day) (Year) May 5 1951				
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July. 9th, 1928		9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 9	IF UNDER 12 HRS. Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Starksville Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Magruda High		13b. MOTHER'S MAIDEN NAME Parona Taylor		14. NAME OF HUSBAND OR WIFE Dallas West, Jr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Parona High ADDRESS Starksville Mississippi				
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) Rheumatic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH Undet.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined						
	DUE TO (c) Congestive Heart Failure						
	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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/6X			
22. I hereby certify that I attended the deceased from 5-2 , 19 51 to 5-5 , 19 51 , that I last saw the deceased alive on 5-5 , 19 51 , and that death occurred at 2:20pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Oliver J. Thompson M.D.				23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 5-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-8th - 51	24c. NAME OF CEMETERY OR CREMATORY New Light Cemetery		24d. LOCATION (City, town, or county) (State) Starksville. Mississippi		
DATE REC'D BY LOCAL REG. MAY 8 1951		REGISTRAR'S SIGNATURE J. B. Raster		FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS 2829, Washington Blvd			

(Licensed Embalmer's Statement on Reverse Side)

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

1000

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.

Signed.....
Student Embalmer

Signed *[Signature]*
Student Embalmer No.
Licensed Embalmer No. *44591*
P. O. Address *2829 Washgton*

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.