No. 300
10.48

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

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23774

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wolf Island
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Delivery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wolf Island 1670
d. STREET ADDRESS (If rural, give location): General Delivery 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Mary
c. (Last): Cassell

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1951

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ——— 0
8. DATE OF BIRTH: March 18, 1949
9. AGE (In years last birthday): 2 — If under 1 year: Months 3, Days 11 — If under 24 hrs.: Hours, Min.

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): Wolf Island, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Neal Cassell
13b. MOTHER'S MAIDEN NAME: Lee Anna Clark
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 — ADDRESS: Neal Cassell, Gen. Del., Wolf Island, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Infectious Enteritis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 29 *19* 51, *to* June 29 *19* 51, *that I last saw the deceased alive on* June 29, *19* 51, *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE T. P. Fenton (Degree or title) DO
23b. ADDRESS Wyatt, Mo
23c. DATE SIGNED 7-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: 7-11-51
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: F. D. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 REC'D

RECEIVED
Miss. Co. Health Dept
County File No._____
Date Filed JUL 13 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Frank Sparks

Signed.....
Student Embalmer

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.