No. 300
10.48

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

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23777

BIRTH NO. 462-50-51 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (Rural)
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): Route 2, Box 324

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): Charleston (Rural) 0670
d. STREET ADDRESS (If rural, give location): Route 2, Box 324

3. NAME OF DECEASED (Type or Print)
a. (First): Juanita
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1951

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): (baby) 0
8. DATE OF BIRTH: July 20, 1951
9. AGE (In years last birthday): ---
If under 1 year: Months --; Days 1
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): Charleston, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ---
13b. MOTHER'S MAIDEN NAME: Bessie Lee Smith
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: Bessie Lee Smith, R. 2, Box 324,
ADDRESS: Charleston, 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) Respiratory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undeveloped respiratory
DUE TO (c) Musculature due to prematurity

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: 7625
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* 7-20, 1951, *to* 7-21, 1951, *that I last saw the deceased alive on* 7-21, 1951, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: N. P. Fenton (Degree or title) DO
23b. ADDRESS: Wyatt, Mo
23c. DATE SIGNED: 7-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 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.: July 31, 1951
REGISTRAR'S SIGNATURE: Mrs. Lay Kilgore 439
25. FUNERAL DIRECTOR'S SIGNATURE: F. L. Sparks
ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 REC'D

RECEIVED
Miss. Co. Health Dep
County File No.
Date Filed AUG 6 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 .....

Signed .....
Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.