

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28351**

SEP 13 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7682**

1. PLACE OF DEATH a. COUNTY 0		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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		4. STREET ADDRESS (If rural, give location) 926 N I9 Street 0	

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) James c. (Last) Hooks			4. DATE OF DEATH (Month) (Day) (Year) Aug. 24 1951		
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) Separated	8. DATE OF BIRTH Oct. 14, 1914	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Jefferson Hotel		11. BIRTHPLACE (State or foreign country) Okolona Miss.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME James Hooks	13b. MOTHER'S MAIDEN NAME Maggie Miller	14. NAME OF HUSBAND OR WIFE Mattie Hooks
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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. 492-09-8665	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Mitchell 926 n I9 St.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES DUE TO (b) Undetermined <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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)
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? RO2X

22. I hereby certify that I attended the deceased from **7-25**, 19 **51**, to **8-24**, 19 **51**, that I last saw the deceased alive on **8-24**, 19 **51**, and that death occurred at **11:45p m.**, from the causes and on the date stated above.

23a. SIGNATURE L. Harris	(Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 8-29-51
24a. BURIAL, CREMATION-REMOVAL (Specify) Removal	24b. DATE 8-31-51	24c. NAME OF CEMETERY OR CREMATORY Lickscillet	24d. LOCATION (City, town, or county) (State) Okolona, Miss.

DATE REC'D BY LOCAL REG. AUG 29 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. B. Jones 1221 N. Grand
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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 *Arthur L. Hilliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address *4740 - 2nd - Cuyahoga*.....

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.