

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34398

State File No.

FILED NOV 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5786</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Charleston (Rural)</u>)		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (Rural)</u> <u>0670</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Concord community</u>				d. STREET ADDRESS (If rural, give location) <u>Concord community</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>		b. (Middle) <u>Jean</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u>	
5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (child) <u>1</u>		8. DATE OF BIRTH <u>Sept. 6, 1945</u>	
9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 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) <u>Charleston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lester Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Estella Whitt</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lester Brown, Gen. Del. Charleston, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BURNED TO DEATH</u> ANTECEDENT CAUSES DUE TO (b) <u>TRAPPED IN FIRE OF RESIDENCE</u> <u>ALL FAMILY WERE ASLEEP.</u> DUE TO (c) <u>BODIES OF TWO BROTHERS</u> <u>ALSO FOUND IN RUINS OF HOME.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>E 9160</u> <u>16</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>167</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RESIDENCE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MISSISSIPPI, COUNTY, MO.</u>			
21d. TIME OF INJURY <u>Nov. 1, 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>AS CORONER ONLY</u> , to _____, 19____, that I last saw the deceased alive on <u>Nov. 1, 1951</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or title) <u>John F. ...</u>				23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>11-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 4 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. ...</u>		ADDRESS <u>Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1670
1

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed **NOV 9** **REC'D**

NOV 9 1951
NOV 16 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 *Frank Sparks* _____

Licensed Embalmer No. *32155* _____

P. O. Address *Box 50 Brandon* _____

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.

Frank Sparks