

FILED JAN 28 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2062

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 2

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 town) <u>Wyatt</u>	c. LENGTH OF STAY (if this place) <u>14 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt</u> <u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.O. Box 206</u>		d. STREET ADDRESS (If rural, give location) <u>P. O. Box 206</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thenie</u> b. (Middle) _____ c. (Last) <u>Mays</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1952</u>			
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>July 6, 1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Birmingham, Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George Bird</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Zack Mays</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknowns) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Hull, P.O. Box 206, Wyatt, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NATURAL CAUSES (UNKNOWN)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>POSSIBLY HEART CONDITION OF CHRONIC NATURE. HAD BEEN TO DOCTOR SEVERAL MONTHS AGO.</u> DUE TO (c) _____		
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) <u>4343</u>
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?

22. I hereby certify that I attended the deceased from AS CORONER ONLY, 1952, that I last saw the deceased alive on \_\_\_\_\_, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23. SIGNATURE <u>John F. Ammele</u> (Print name or title) <u>CORONER</u>	23b. ADDRESS <u>Charleston, Mo</u>	23c. DATE SIGNED <u>1-11-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>
DATE REC'D BY LOCAL REG. <u>Jan 18 - 1952</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>

REGISTRAR'S SIGNATURE <u>Mrs. Gay Hilgore</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. J. Spaulden</u> <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0670  
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JAN 24 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JAN 25 1952

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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. 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.