

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13616

State File No.

FILED APR 28 1952

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 14

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 township) OR TOWN <u>Anniston</u> <u>St. James</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anniston</u> <u>0670</u>	
c. LENGTH OF STAY (in this place) <u>4 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Anniston, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Anniston</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillia</u> b. (Middle) <u>Sarah</u> c. (Last) <u>Witham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March, 27, 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>November, 15, 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Vernon, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Owens</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Brown, Anniston, Mo.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease S.K.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>March 9 1952</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Senility</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Mar 9, 1952, to Mar 27, 1952, that I last saw the deceased alive on Mar 27, 1952 and that death occurred at 7:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Chas. Colwing M.D.</u>	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>3/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sesser, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>4-15-52</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	191-1-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>The Nunnelee Funeral Chapel</u>	ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

670

APR 24 1952
REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed APR 25 1952

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.