

S. No. 300
v. 10. 48. 21

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32326

SEP 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo</u>		<u>813-2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 Locust Street</u>				d. STREET ADDRESS (If rural, give location) <u>515 - 18th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cherry</u> b. (Middle) <u>Beats</u> c. (Last) <u>Beeks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 25, 1911</u>		9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Gallaway, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Potter</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bell Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Zeft Beeks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna L. Willis</u> ADDRESS <u>515 - 18th Cairo, Ill.</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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis e Decomp</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>			
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
DUE TO (c) _____							
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 <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>7/20</u> , 19 <u>52</u> , to <u>9/8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/19</u> , 19 <u>52</u> , and that death occurred at <u>10:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edw. H. Ruffin</u> (Degree or title)				23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>9/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spencer Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Mounds, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>9/8/52</u>		REGISTRAR'S SIGNATURE <u>Miss Anna Lita Rouch</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Edward H. Ruffin</u> ADDRESS <u>Cairo, Illinois</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

672

SEP 17 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed SEP 19 1952

DEC 1
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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Edward H. Ruffin

Signed.....

Student Embalmer

Illinois Licensed Embalmer No. 7246

P. O. Address Cairo, Illinois

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.