

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32331

State File No.

0670
1

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

FILED OCT 7 1952

BIRTH NO. 62240 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 2787 Registrar's No. 666

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) OR TOWN <u>Route #3 Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #3 Charleston</u> <u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, R#3 Charleston</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3 Charleston</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobbie</u>	b. (Middle) <u>Gene</u>	c. (Last) <u>Clark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1952</u>
--	----------------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Sept. 25, 1952</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <u>6</u>
-------------------------	----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Route #3 Charleston, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	--

13a. FATHER'S NAME <u>Frank Bowden</u>	13b. MOTHER'S MAIDEN NAME <u>Manda Lee Clark</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

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>Lela Clark</u>	ADDRESS <u>R#3 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>This child was born alive un-attended by medical assistance. The child lived but a few hours. There was no evidence of foul play in this death. The child probably died of suffocation.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. No Physician in attendance!</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7620</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
--	--	---

22. I hereby certify that I attended the deceased from AS CORONER, 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>9-26-52</u>
--------------------------------------	-------------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9/30/52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ann Lela Roach</u>	47370	25. FUNERAL DIRECTOR'S SIGNATURE <u>Privately handled by the family</u>	ADDRESS
--	---	-------	--	---------

OCT 1 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 6 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. _____

Student _____ Student Embalmer _____ Signed _____

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.