

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39501

State File No. ....

FILED NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 87

1. PLACE OF DEATH  
a. COUNTY Mississippi  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston  
c. LENGTH OF STAY (In this place) 15 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 Pecan St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Miss.  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston  
d. STREET ADDRESS (If rural, give location) 301 Pecan St.

3. NAME OF DECEASED  
a. (First) Rosie b. (Middle) Mae c. (Last) Hines

4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 3, 1952

5. SEX Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH April 30, 1902

9. AGE (In years last birthday) 50  
IF UNDER 1 YEAR: Months 6 Days 4 Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lee County, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charlie Williams

13b. MOTHER'S MAIDEN NAME Letha Willis

14. NAME OF HUSBAND OR WIFE Dan Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Dan Hines, 301 Pecan, Charleston, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of colon  
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.

INTERVAL BETWEEN ONSET AND DEATH  
8ms.

19a. DATE OF OPERATION approx 1950

19b. MAJOR FINDINGS OF OPERATION  
Carcinoma of colon 153X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 1952 to Nov 3, 1952, that I last saw the deceased alive on Nov 3, 1952 and that death occurred at 7:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. P. Fenton D.O.

23b. ADDRESS Wyatt, Mo

23c. DATE SIGNED 11/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State) Charleston, Mo.

DATE REC'D BY LOCAL REG. 11-11-52 REGISTRAR'S SIGNATURE Jean Fenton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Sparks Charleston, Mo.

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

NOV 21 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed NOV 21 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.....  
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 8455

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.