

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39525

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dorena</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>North Little Rock, Arkansas</u>	
c. LENGTH OF STAY (In this place) <u>New weeks</u>		8032	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Charleston</u>		d. STREET ADDRESS (If rural, give location) <u>821 Vine Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Mott</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18th, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 7th, 1913</u>
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tractor Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Yazoo City, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brazier</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Marye Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. <u>412 05 6235</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marye Smith, N. Little Rock, Ark.</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN NATURAL CAUSES</u> ANTECEDENT CAUSES DUE TO (b) <u>Possibly suffered a heart attack. Had complained of stomach and chest pains and was taking medicine for gas on</u> DUE TO (c) <u>stomach and high blood pressure. Had no physician at time of death.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no physician at time of death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443 X</u>	
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) (Min.)		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>AS CORONER ONLY</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:10A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert D. Hubble</u>		23b. ADDRESS <u>Charleston, Mo.</u>	
23c. DATE SIGNED <u>10/18/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/26/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Travelers Rest</u>		24d. LOCATION (City, town, or county) (State) <u>Alligator, Mississippi</u>	
DATE REC'D BY LOCAL REG. <u>11-17-52</u>		REGISTRAR'S SIGNATURE <u>Tertrude G. Harper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubble Bros. Inc.</u>		ADDRESS <u>N. Little Rock, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 20 REC

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed NOV 21 1952

REC'D
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edward E. Finley

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.