

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15038

State File No.

41

BIRTH REG. NO. FILED MAY 11 1953 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No.

0670
1

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural)	c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural) 0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Box 185		d. STREET ADDRESS (If rural, give location) Route 1, Box 185	

3. NAME OF DECEASED (Type or Print) a. (First) Colleen b. (Middle) c. (Last) Vernon			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1953		
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5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Jan. 26, 1953		9. AGE (In years last birthday) IF UNDER 1 YEAR 2	IF UNDER 1 YEAR 5	IF UNDER 1 YEAR 0			
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Charleston, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Roosevelt Vernon		13b. MOTHER'S MAIDEN NAME Annie Mae Sager		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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Annie Mae Vernon, R. 1, Charleston, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Influenza 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 Unknown
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480x		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 no medical attendance, 1953, that I last saw the deceased alive on , 1953, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE Shelby 3 Crown		(Degree or title)	23b. ADDRESS East Prairie, Mo.		23c. DATE SIGNED 3-31-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Missouri		
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DATE REC'D BY LOCAL REG. 5-2-53	REGISTRAR'S SIGNATURE Jean Sanchez 480x		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Sparks Charleston, Mo.		
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RECEIVED

Miss. Co. Health Dept
County File No. _____

MAY 7 RECD

Date Filed MAY 8 - 1953

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. 3455

P. O. Address Cape Girardeau Mo

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.