

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23726**
Registrar's No. **36**

FILED **AUG 2 - 1954**
BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **304V**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
c. LENGTH OF STAY (In this place) 36 yrs.		d. STREET ADDRESS (If rural, give location) Methodist Alley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Alley		e. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Alley	
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) C. c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) July 24, 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1891
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 7 Days 17	IF UNDER 24 HRS. Hours 17 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) Texarkanna, Texas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Washington	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Williams	
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 John Williams, P.O. Box 186, Charleston, Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus - Endometrial Metastasis		INTERVAL BETWEEN ONSET AND DEATH 4 mo
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Uterus		4 mo
		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **15 Apr 1954**, to **24 Jul 1954**, that I last saw the deceased alive on **24 July, 1954**, and that death occurred at **8:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Sparks M.D.	23b. ADDRESS Charleston, Mo.	23c. DATE SIGNED 27 July 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 28, 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Sparks ADDRESS Charleston, Mo.
DATE REC'D BY LOCAL REG. 7-27-54	REGISTRAR'S SIGNATURE Dean Hearn	

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

JUL 30 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 30 1954

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 Frank Sparks

Licensed Embalmer No. 3455

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.