No. 300
10.48

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23736

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen. Del.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Miss.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt 0670
d. STREET ADDRESS (If rural, give location): Gen. Del.

3. NAME OF DECEASED (Type or Print)
a. (First): Delia
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1954

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 22, 1862
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 8, Days 2 — IF UNDER 24 HRS.: Hours, 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 (City and State or Foreign Country): Oxford, Miss.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Bert Beckum
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Jim Jones

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: Rev. Jim Jones, Gen. Del. Wyatt, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrill — INTERVAL BETWEEN ONSET AND DEATH: 4-6-54 +

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) A-S. heart disease — S.K.
DUE TO (c) generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension - cerebral Lim.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: — 4200
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* Apr 6, 1954, *to* Apr 24, 1954, *that I last saw the deceased alive on* Apr 6, 1954, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Chas. Rolwing MD
23b. ADDRESS: Charleston Mo
23c. DATE SIGNED: 4-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 29, 1954
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: 7-1-54
REGISTRAR'S SIGNATURE: Jean Hearnes 480-
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: F. J. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 RE
RECEIVED
Miss. Co. Health D
County File No.
Date Filed JUL 27 1

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 J. 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.