

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23739

| | | | | | | | |
|--|--|--|--------------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 217 | | PRIMARY REG. DIST. NO. 5985 | | Registrar's No. 19 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY Mississippi | | | | 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) 2 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Charleston (Rural) 6670 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 | | | | d. STREET ADDRESS (If rural, give location) Route 1 | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | 5. (Month) (Day) (Year) | |
| a. (First) Joe | | | b. (Middle) Morris | | | c. (Last) Morris | |
| 6. DATE OF DEATH April 2, 1954 | | 7. SEX Male | | 8. COLOR OR RACE Negro | | 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. DATE OF BIRTH Dec. 31, 1905 | | 12. AGE (In years last birthday) 48 | |
| 11. BIRTHPLACE (City and State or Foreign Country) Unknown | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13. IF UNDER 1 YEAR 3 | | 14. IF UNDER 2 HRS. 2 | |
| 13a. FATHER'S NAME Unk. | | 13b. MOTHER'S MAIDEN NAME Unk. | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearlie Mae Johnson, R. 1, Charleston, Mo. | | | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis Acute | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | III. ANTECEDENT CAUSES | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. Virus pneumonia | | | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | | |
| 21a. 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 March 28, 1954, to April 1, 1954, that I last saw the deceased alive on April 1, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) _____ | | | | 23b. ADDRESS _____ | | | |
| 23c. DATE SIGNED 4/10/54 | | | | 24a. BURLIAL, CREMATION REMOVAL (Specify) Burial | | | |
| 24b. DATE April 3, 1954 | | | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | | |
| 24d. LOCATION (City, town, or county) (State) Charleston, Missouri | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jean Hearnes 480 - 7-1-54 | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. I. Sparks Charleston, Mo. | | | | 26. DATE REC'D BY LOCAL REG. 7-1-54 | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 27 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 J. 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.