

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23747

BIRTH NO.		REG. DIST. NO. 2077	PRIMARY REG. DIST. NO. 5785	Registrar's No. 16
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) 27 yrs.		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 176		d. STREET ADDRESS (If rural, give location) Route 1, Box 176		
3. NAME OF DECEASED (Type or Print) a. (First) Zepora (Zeporah) b. (Middle) Miller c. (Last) Verner			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1954	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 21, 1920	9. AGE (In years last birthday) 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Forest City, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lem Miller		13b. MOTHER'S MAIDEN NAME Minnie White	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Wiley, R. 1, Box 176, Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension - heart disease. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 443X II. OTHER SIGNIFICANT CONDITIONS Cardiac enlargement Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH SK SK SK
19a. DATE OF OPERATION 3/12/54	19b. MAJOR FINDINGS OF OPERATION Ch. Pelvic infl. condit. with cysts of ovary & fibroid uterus		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)	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 3, 1954, to 4-21, 1954, that I last saw the deceased alive on 4/20, 1954, and that death occurred at 3:05 Pm., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. Charles Salving, M.D.		23b. ADDRESS Charleston, Mo.	23c. DATE SIGNED 4-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 25, 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 Stearns 4800	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 1955

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 27 1955

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, 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.