

FILED AUG 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. **27035**
Registrar's No. **71**

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045**

1. PLACE OF DEATH
 a. COUNTY **Mississippi**
 b. CITY (If outside corporate limits, write RURAL and give town or township) **Charleston**
 c. LENGTH OF STAY (in this place) **30 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **302 Brooklyn St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Mississippi**
 c. CITY (If outside corporate limits, write RURAL and give township) **Charleston**
 d. STREET ADDRESS (If rural, give location) **302 Brooklyn St.**

3. NAME OF DECEASED
 a. (First) **Mary** b. (Middle) **Williams** c. (Last) _____
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
August 10 1955

5. SEX **Female** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**
8. DATE OF BIRTH **April 14, 1906** **9. AGE** (In years last birthday) **49** **IF UNDER 1 YEAR** Months **3** Days **27** **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** (State or foreign country) **Brownsville, Tenn.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Charlie Thomas** **13b. MOTHER'S MAIDEN NAME** **Tammie Palmer** **14. NAME OF HUSBAND OR WIFE** **Melvin Williams**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Mr. Melvin Williams, 302 Brooklyn** **ADDRESS** **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) **Cerebral Vascular Accident**
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) **331X**

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 hrs**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

12. I hereby certify that I attended the deceased from Aug 20, 1955, to 10 Aug, 1955, that I last saw the deceased alive on 9 Aug, 1955, and that death occurred at 8:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) _____ **23b. ADDRESS** **Charleston Mo** **23c. DATE SIGNED** **8/12/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Aug. 14, 1955** **24c. NAME OF CEMETERY OR CREMATORY** **Oak Grove Cemetery** **24d. LOCATION (City, town, or county) (State)** **Charleston, Missouri**

DATE REC'D BY LOCAL REG. **8/18/55** **REGISTRAR'S SIGNATURE** *[Signature]* **25. FUNERAL DIRECTOR'S SIGNATURE** **F. D. Sparks** **ADDRESS** **Charleston, Missouri**

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1955

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed AUG 19 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

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.

at 42.1.7