No. 300
10.48

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

D. FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27147

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 1403 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele
c. LENGTH OF STAY (In this place): 74 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Steele
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0785

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

4. DATE OF DEATH (Month) (Day) (Year): 8-12-55

5. SEX: M

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Abt

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and State or Foreign Country): Stanglen Miss

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Melton Felton

13b. MOTHER'S MAIDEN NAME: Laura Moore

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): War I | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: R.T. Felton | ADDRESS: Yazoo City Miss

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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) etiology undetermined. — Undetermined

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: 4-3-41

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* 9 July, 1955, *to* 14 July, 1955, *that I last saw the deceased alive on* 14 July, 1955, *and that death occurred at* — A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William F. Turner MD

23b. ADDRESS: Steele Mo

23c. DATE SIGNED: 8/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried

24b. DATE: 8-14-55

24c. NAME OF CEMETERY OR CREMATORY: Holly Grove

24d. LOCATION (City, town, or county) (State): Steele Mo

DATE REC'D BY LOCAL REG.: 8/24-55 | REGISTRAR'S SIGNATURE: L. O. Ensiew 249-D

25. FUNERAL DIRECTOR'S SIGNATURE: German Lindt & Steele Mo | ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

8-242-55

AUG 26 1955

EMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. Herman

Licensed Embalmer No. 43

P. O. Address Hayti, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.