MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-016065
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 217 — Primary Registration District No. 5786 — Registrar's No. 34

FILED MAY 4 1962

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wyatt — Length of stay in 1b: 28 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wilson City — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Mississippi
c. CITY OR TOWN: Wyatt — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): P. O. Box 296 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Georgia — Middle: — Last: Jones
4. DATE OF DEATH: Month: April — Day: 26, — Year: 1962
5. SEX: Female
6. COLOR OR RACE: Col.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 13, 1897
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hazelhurst, Miss.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Coleman Simms
13b. MOTHER'S MAIDEN NAME: Bettie Thomas
14. NAME OF HUSBAND OR WIFE:
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: Address: Mrs. Carrie Harris, P.O. Box 296, Wyatt, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Presumed to be natural causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coroner of Miss. Co. notified.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dorothy B. Hathorn (Degree or title) Local Registrar
22b. ADDRESS: Charleston Mo.
22c. DATE SIGNED: 5-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 1, 1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Missouri

24. FUNERAL DIRECTOR: L. R. Sparks — ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 5-1-62
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1670		
2	0670		
3			
4	3		
5	2		
6			
7	1		
8	0		
9	7954		
10			
11			
12	90-8		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

Permit issued 5-1-62 DH.

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_____
Signature of Student Embalmer

Signed James A Carter

Licensed Embalmer No. 4681

P. O. Address S Ville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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