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FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24146

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

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Charleston (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Charleston (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Charleston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. north, Route 2</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. north, Route 2</u>	
3. NAME OF DECEASED a. (First) <u>Cora</u> b. (Middle) <u>Miller</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1911</u>
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Lawrence, R. 2, Charleston, Mo.</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 hrs.</u>		331X	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) (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 <u>July 6, 1949</u> , to <u>July 6, 1949</u> , that I last saw the deceased alive on <u>July 6, 1949</u> , and that death occurred at <u>2:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. C. Parnell D. M. D.</u>		23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>July 9, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
DATE REC'D BY LOCAL REG. <u>July 10-49 Mrs. John Bondura</u>	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>7. J. Spinks, Charleston, Mo.</u>	

RECEIVED
District Health Office
District File Number 249
Date Filed JUL 13 194

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.

Signed Frank Sparks

Licensed Embalmer No. 3450

Signed.....
Student Embalmer

P. O. Address Cape Gi. m

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.