

FILED FEB 2 1952 STANDARD CERTIFICATE OF DEATH

3378

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0688

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital
d. STREET ADDRESS (If rural, give location) 4215 E. Garfield Apt. 3

3. NAME OF DECEASED a. (First) Phoebie b. (Middle) _____ c. (Last) Stuart 4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1952

5. SEX F 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH December 25, 1888 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Washington, Ark. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Ples King 13b. MOTHER'S MAIDEN NAME Sarah Hamilton 14. NAME OF HUSBAND OR WIFE Randolph Cook

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. None 17. INFORMANT'S SIGNATURE OR NAME Eva Jackson ADDRESS 4215 E. Garfield Apt 3

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) Uremia INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension Undet.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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? HWK

22. I hereby certify that I attended the deceased from 1-15, 1952, to 1-18, 1952, that I last saw the deceased alive on 1-18, 1952, and that death occurred at 6:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M. D. 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 1-24-52 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Texarkana, Ark.

DATE REC'D BY LOCAL REG. JAN 22 1952 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 1221 N. Grand

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clarence Adams

Signed.....
Student Embalmer

Licensed Embalmer No. 77350

P. O. Address 1221 N. 4th

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.