

STANDARD CERTIFICATE OF DEATH

3855

FILED JAN 28 1953

State File No.

318

1003

Registrar's No. 0588

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.			
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			
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 Marion St.				d. STREET ADDRESS (If rural, give location) 23 210 Marion St.				0	
3. NAME OF DECEASED (Type or Print) J. L. TUBBS			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1953			5. SEX Female 3			6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH 1-24-1888			9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 14		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Mississippi /		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nathan Payne			13b. MOTHER'S MAIDEN NAME Emma Morris			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Floradene Williams			ADDRESS 210 Marion St.	
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lobar Pneumonia</i> 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	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>12:30A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Joseph M. Williams</i>			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 1/16/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-20-53		24c. NAME OF CEMETERY OR CREMATORY Monroe County		24d. LOCATION (City, town, or county) (State) Tupelo Miss			
DATE REC'D BY LOCAL REG. JAN 19 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>			25. FUNERAL/DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. 2820 Stoddard				

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

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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 *Fulton E. Culkin*

Licensed Embalmer No. *498*

P. O. Address *Thorn*

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.