

FILED SEP 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32447

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give town) Wyatt		c. CITY (If outside corporate limits, write RURAL and give township) Wyatt	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) No street name or number	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street name			

3. NAME OF DECEASED (Type or Print) a. (First) Virgie		b. (Middle) Agnes		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) August 16, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH August 13, 1895		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 0 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Charleston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Green Brown		13b. MOTHER'S MAIDEN NAME Lilly Wathen		14. NAME OF HUSBAND OR WIFE Erwin Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erwin Smith, Wyatt, Missouri	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Embolism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary thrombosis</i>		
	DUE TO (c)		
11. 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 <i>4201</i>		20. AUTOPSY? YES <input 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)		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 *FEB*, 1953 to *Aug 16*, 1953 that I last saw the deceased alive on *Aug 16, 1953* and that death occurred at *12:20 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. S. Furlow</i>		23b. ADDRESS Wyatt, Mo.		23c. DATE SIGNED 8-17-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-18-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	
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DATE REC'D BY LOCAL REG. 9-20-53		REGISTRAR'S SIGNATURE <i>Jean F. Hearner</i>		FUNERAL DIRECTOR'S SIGNATURE <i>THE NUNNELEE FUNERAL CHAPEL</i>		ADDRESS Charleston, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0670

RECEIVED

Miss. Co. Health Dept

County File No. 933

SEP 24 REC'D

Date Filed SEP 25 1953

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.