

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2829**

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0363**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 18 19 S Leonard		
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) _____ c. (Last) Gray		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1954			
5. SEX F 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 26, 1885	9. AGE (In years last birthday) 68 f UNDER 1 YEAR _____ g UNDER 1 MONTH _____ h UNDER 1 HOUR _____ i UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Mississippi	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Joe Sykes			
13b. MOTHER'S MAIDEN NAME Virginia Barner		14. NAME OF HUSBAND OR WIFE Will Gray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lelia Harrison, 19 S. Leonard	
MEDICAL CERTIFICATION					
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.			1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Paralytic Ileus		
II. 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 _____		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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171X	
22. I hereby certify that I attended the deceased from <u>11-25</u> , 19 <u>53</u> , to <u>1-11</u> , 19 <u>54</u> , that I last saw the deceased <u>live on 1-11</u> , 19 <u>54</u> , and that death occurred at <u>6:25 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Carl Rollins M. D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 1-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 14, 1954		24c. NAME OF CEMETERY OR CREMATORY Columbus, Mississippi	
24d. LOCATION (City, town, or county) (State) Columbus, Mississippi		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. P. Koene 1221 N. Grand			
DATE REC'D BY LOCAL REG. JAN 14 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M. D.			

50 (Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Guyton Lewis*

Licensed Embalmer No. 458

P. O. Address 1321 1/2 Gr

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.