

FILED FEB 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5597 Registrar's No. 31

BIRTH NO.		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3045		Registrar's No. 31				
1. PLACE OF DEATH a. COUNTY Mississippi 06720				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 township) OR TOWN Charleston		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston 0672		d. STREET ADDRESS (If rural, give location) 308 So. Heggie 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 So. Heggie				d. STREET ADDRESS (If rural, give location) 308 So. Heggie						
3. NAME OF DECEASED (Type or Print) a. (First) Sharon			b. (Middle) Elizabeth		c. (Last) Ewing		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1955			
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct. 29, 1953		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR: Months 3, Days 19 IF UNDER 18 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Charleston, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.A.		
13a. FATHER'S NAME John Ellis Ewing			13b. MOTHER'S MAIDEN NAME Elnora Collins			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mrs. Sarah Collins, 308 S. Heggie Chas. Mo			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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Meningitis						INTERVAL BETWEEN ONSET AND DEATH 2da		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) type unknown								
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia						4da		
19a. DATE OF OPERATION none		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?						
22. I hereby certify that I attended the deceased from 2-14, 1955, to 2-17, 1955, that I last saw the deceased alive on 2-16, 1955, and that death occurred at 11:00Am., from the causes and on the date stated above.										
23a. SIGNATURE E. Chas. Coleman, M.D.				23b. ADDRESS Charleston, Mo.		23c. DATE SIGNED 2-17-55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo.				
DATE REC'D BY LOCAL REG. 2-25-55		REGISTRAR'S SIGNATURE Jean Hearnes 480		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Charleston, Mo.				

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

FEB 24 REC'D

RECEIVED

Miss. Co. Health Dep

County File No. \_\_\_\_\_

Date Filed FEB 26 19

**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

*Frank Sparks*

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.