No. 300
10.48

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30206

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: MISSISSIPPI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAST PRAIRIE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MISSISSIPPI
c. CITY OR TOWN: EAST PRAIRIE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 211 So. Washington

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): MOORE
c. (Last): EMORY

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 3 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Nov. 3, 1876
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months: 10 Days:
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED FARMER
11. BIRTHPLACE (City and State or Foreign Country): CHARLESTON, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: LUCIUS L. EMORY
13b. MOTHER'S MAIDEN NAME: LUCINDA CROCKETT
14. NAME OF HUSBAND OR WIFE: MAGGIE E. McELMURRY EMORY

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: OMALEE EMORY
ADDRESS: EAST PRAIRIE, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis — 10 yrs
DUE TO (c):

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: 4201
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 3, 1955, *to* Sept 3, 1955, *that I last saw the deceased alive on* Sept 3, 1955, *and that death occurred at* 8a m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. G. Martin M.D. (Degree or title)
23b. ADDRESS: East Prairie
23c. DATE SIGNED: 9-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 5, 1955
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE
24d. LOCATION (City, town, or county) (State): CHARLESTON MISS. MO.

DATE REC'D BY LOCAL REG.: 9-7-55
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE: Elgin McMickle
ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 REC

RECEIVED
Miss. Co. Health Dep
County File No._____
Date Filed SEP 16 19

OCT 14 1955

SEP 27 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Elgin McWhorter.....

Licensed Embalmer No. 4695

P. O. Address E. Prairie, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.