

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38813

State File No. _____

FILED NOV 19 1956

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY OR TOWN <u>East Prairie Mo.</u>		c. CITY OR TOWN <u>East Prairie,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>71 Yrs.</u>		f. STREET ADDRESS (If rural, give location) <u>East Pine St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Pine Street</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Maria</u>	b. (Middle) <u>Bassie</u>	c. (Last) <u>England</u>	(Month) <u>November</u>	(Day) <u>7,</u>	(Year) <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>7-12-1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Baumont, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Cashd's Simmons</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Crow</u>	14. NAME OF HUSBAND OR WIFE <u>Will England</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Travis England East Prairie Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>		
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? <u>4221</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 June 4, 1956, to Nov 1, 1956, that I last saw the deceased alive on Nov 1, 1956, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Godwin W. Hemphill D.O.</u>	(Degree or title) _____	23b. ADDRESS <u>East Prairie Mo.</u>	23c. DATE SIGNED <u>11-1-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near East Prairie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-15-56</u>	REGISTRAR'S SIGNATURE <u>Certitude G. Harper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby</u>	ADDRESS <u>East Prairie Mo.</u>
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(Licensed/Embalmer's Statement on Reverse Side)

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

No. 300
10-48

197-0

NOV 27 1955

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 *Troy Shelby Jr.*.....

Licensed Embalmer No. *4940*.....

P. O. Address *East Branch*.....

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.