THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25440

FILED JUL 23 1957

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 48

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, give TOWNSHIP only) OR TOWN Charleston — Inside Limits Yes X No ☐	c. CITY OR TOWN Charleston 0672 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 210 Hunter St. — Length of stay in Ib 8 Months	d. STREET ADDRESS 317 Hunter St. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Hazel	Middle: Annie	Last: Vowels	4. DATE OF DEATH Month Day Year: 6/27/57
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 7/23/1909	9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk	10b. KIND OF BUSINESS OR INDUSTRY: Mo. Utilities	11. BIRTHPLACE (City and state or country): Birds Point, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: C.M. Skyles		14. MOTHER'S MAIDEN NAME: Annie L. Bogard		
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.: 496-38-7505	17. INFORMANT: Mr. Ernest Vowels	Address: Charleston, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic ca of brain — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Primary ca of lung — 8 mo +

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 162X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1956 to 6/27/57 and last saw her/~~him~~ alive on 6/18/57. Death occurred at 1:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Charles Lalumia MD (Degree or title)	22b. ADDRESS: Charleston Mo	22c. DATE SIGNED: 6/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/29/57	23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State): Charleston, Mo.
24. FUNERAL DIRECTOR: John T. Nunnelee Jr.	ADDRESS: The Nunnelee Funeral Chapel, Charleston, Mo.	25. DATE RECD. BY LOCAL REG.: 7-12-57	26. REGISTRAR'S SIGNATURE: Dorothy B. Hatton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
Miss. Co. Health D
County File No.
Date Filed 7-22-

AUG 29 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Nunnelee Jr.

Licensed Embalmer No. 38

P. O. Address Charles

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