

Health,
& Welfare
Public
Service
300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1958

47441

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Mississippi b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ohio Township c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Byrds Point				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss. c. CITY OR TOWN Wyatt d. STREET ADDRESS Gen. Del.			
3. NAME OF DECEASED (Type or print) First Middle Last Mary Grimes			4. DATE OF DEATH Month Day Year Dec. 11, 1957				
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Brownsville, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Frank Short			14. MOTHER'S MAIDEN NAME Sarah (Unk.)				
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.	17. INFORMANT Address Elizabeth Sanders, Gen. Del. Wyatt, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure DUE TO (b) Excessive Cold & Hunger DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9328					INTERVAL BETWEEN ONSET AND DEATH 46 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Mary Grimes wandered away from home and become lost in the night - She was mentally unbalanced						
20c. TIME OF INJURY Hour Month, Day, Year 11:30 a. m. Dec. 11, 1957							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Ferry Road near River	20f. CITY, TOWN, OR LOCATION Byrds Point	COUNTY Ohio	STATE Mississippi Missouri			
21. I attended the deceased from after death as Coroner and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at _____							
22a. SIGNATURE (Degree or title) Eben McMillen Coroner			22b. ADDRESS Charleston, Missouri.		22c. DATE SIGNED 2/3/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Missouri				
24. FUNERAL DIRECTOR ADDRESS L.R. Sparks Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 2-6-58	26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dep
County File No. _____
Date Filed 2-10-58

FEB 13 1958

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 Edward N. Pappas

Licensed Embalmer No. 5024
2501 Pop
Cairo,
P. O. Address _____

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.