Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033551

STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY OR TOWN Charleston — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 216 Vine St. — Length of stay in Hospital 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston 0672 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 216 Vine St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Rebecca Middle (Govand) Last Govan

4. DATE OF DEATH: Month October Day 4 Year 1958

5. SEX Female 3
6. COLOR OR RACE Col.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 8, 1907
9. AGE (In years last birthday) 51 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (City and state or country) Miss. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Jackson
13b. MOTHER'S MAIDEN NAME Jennie (Unknown)
14. NAME OF HUSBAND OR WIFE Gentle Govan

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. ———
17. INFORMANT Gentle Govan, Address 216 Vine St., Charleston, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Bilateral Labor Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 490X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Sept 28, 1958, to Oct 4, 1958 and last saw her/him alive on Oct 4, 1958
Death occurred at 11:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Sample M.D. (Degree or title)
22b. ADDRESS Charleston Mo
22c. DATE SIGNED 6 Oct 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 12, 1958
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) Charleston, Missouri

24. FUNERAL DIRECTOR L. R. Sparks ADDRESS Charleston, Mo.
25. DATE RECD. BY LOCAL REG. 10-9-58
26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
Miss. Co. Health Dep
County File No.
Date Filed 10/14/

OCT 23 1956

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address Cape Girardeau, Mo.

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.