

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033558

STATE FILE NUMBER

FILED OCT 7 1958

Registration District No. 218

Primary Registration District No. 5790

Registrar's No. 29

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, of TOWNSHIP only) OR TOWN East Prairie Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN East Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b 1 day 12 hrs	d. STREET ADDRESS (If outside, give location) Pin Hook Diverson	
3. NAME OF DECEASED (Type or print) First MAY Middle ANN Last Williams			4. DATE OF DEATH Month 9 - Day 7 - Year 58		
5. SEX 3	6. COLOR OR RACE NEGYO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-5-58		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 1 Days 15 Hours 10 IF UNDER 24 HRS. Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) East Prairie Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Issiac Williams			14. MOTHER'S MAIDEN NAME Winnie Clariece Vance		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT Lillian Williams Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUFFICATION					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 <input type="checkbox"/> NO <input type="checkbox"/> 0
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION 667		STATE
20f. WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from AFTER DEATH AS CORONER and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Elmer M. Mable CORONER			22b. ADDRESS Charleston Mo		22c. DATE SIGNED 9/2/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-8-58	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE	23d. LOCATION (City, town, or county) CHARLESTON		(State) MO.
24. FUNERAL DIRECTOR PEOPLE'S FUNERAL CHAPEL		ADDRESS CHARLESTON Mo	25. DATE RECD. BY LOCAL REG. 10-2-58	26. REGISTRAR'S SIGNATURE Gertrude L. Harper	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Elmer M. Mable

RECEIVED
Miss. Co. Health Dept.
County File No.
Date Filed 10/6/58

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 C. S. Donaldson

Licensed Embalmer No. 40

P. O. Address Cheltenham

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.