

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029831

FILED VS SEP 10 1959 217

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 67

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Miss.									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tywappity		Length of stay in lb Enroute		c. CITY OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute To Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 401 S. 3rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Jim Middle Dick Last Clark				4. DATE OF DEATH Month 8 Day 27 Year 59									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/20/1902		9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory Emp.				10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.		11. BIRTHPLACE (City and state or country) Tiptonville, Tenn.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Finis Clark				13b. MOTHER'S MAIDEN NAME Mary Everett				14. NAME OF HUSBAND OR WIFE Annie Clark					
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. 410-14-5855		17. INFORMANT Address Mrs. Annie Clark, Charleston, 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) cardiac decompensation - cor pulmonale										INTERVAL BETWEEN ONSET AND DEATH 3 months			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary fibrosis & emphysema										3 years			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 59 to Aug, 27 1959 and last saw him alive on Aug 27, 1959 Death occurred at 8:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W. Davis M.D. (Degree or title)						22b. ADDRESS Charleston Mo			22c. DATE SIGNED 8/28/59				
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/30/59		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery			23d. LOCATION (City, town, or county) Charleston, Mo.			(State)			
24. FUNERAL DIRECTOR Walter Hummel The Hummel Funeral Chapel Charleston, Mo.				25. DATE RECD. BY LOCAL REG. 9-3-59		26. REGISTRAR'S SIGNATURE Sorathy B. Hathorn							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Funnelle

Licensed Embalmer No. 3851

P. O. Address Charleston

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.