

Dora Ann Howell

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Born: 16 Oct 1860

Married: Charles W Stallings

Died: 15 Dec 1950 Adel, GA

Parents: Richard Allen Howell & Nancy Wetherington

Federal Security Agency
U. S. Public Health Service

GEORGIA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

State File No. **27004**
Custodian's No.

Rev. 1-1-49
V. S. - 12
REGISTRAR: CHECK CERTIFICATE CAREFULLY

BIRTH NO.		Militia Dist. No.		2. Usual Residence (Where deceased lived. If institutional residence before admission)	
1. Place of Death		1487		(a) State <u>GA</u> (b) County <u>Cook</u>	
(a) County <u>Cook</u>		(c) LENGTH OF STAY (in this place)		LENGTH OF STAY (in this place)	
(b) City or Town <u>Sparks</u> (If Outside City or Town Limits, Add Rural)		(c) City or Town <u>Sparks</u> (If Outside City or Town Limits, Add Rural)		(d) Street Address or Box No.	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dora</u>		b. (Middle) <u>Stallings</u>	
5. SEX <u>F</u>		6. RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EA</u>		11. BIRTHPLACE (State or foreign country) <u>Schols Co. GA</u>	
13. FATHER'S NAME <u>Richard Howell</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Witherington</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.		17. INFORMANT <u>V. Fletcher</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
See Reverse Side		I. Condition or complication (a) directly leading to Death <u>apoplexy</u>			
		Morbidity condition, if any, giving (b) rise to above cause <u>arterio sclerosis</u>			
		(c) Underlying cause of death			
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Diagnosis:		1. <u>334 X 331</u>		2. <u>331</u>	
Clinical <input checked="" type="checkbox"/> Lab. <input type="checkbox"/> X-Ray <input type="checkbox"/>		21a. ACCIDENT (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21c. (CITY OR TOWN) (COUNTY) (STATE)	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>11/12/50</u> to <u>17/12/50</u> that I last saw the deceased alive on <u>12/12/50</u> and that death occurred at <u>m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W.R. Schnauss MD</u>		23b. ADDRESS <u>Adel Ga</u>		23c. DATE SIGNED <u>12/18/50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>	
24d. LOCATION (City or Town) (County) (State) <u>Sparks Cook Ga</u>		25. FUNERAL DIRECTOR <u>86 Moore</u>		ADDRESS <u>Adel Ga</u>	
DATE REC'D BY LOCAL REG. <u>12-19-50</u>		REGISTRAR'S SIGNATURE <u>O.P. Parrish</u>			

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE FILED WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3 DCH RULES AND REGULATIONS.

Kenneth Brinkley

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

OCT 06 2009

DATE

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED)



Dora Ann Howell Stallings buried in Concord Primitive Baptist Church Cemetery, Adel, GA
Picture taken 7/19/08

