

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4 32 91-A

12108

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SCOTT</u>			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI Baptist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>655 PARK AVE</u>			
3. NAME OF DECEASED (Type or Print). a. (First) <u>WARDE</u> b. (Middle) _____ c. (Last) <u>McMULLIN</u>			4. DATE OF DEATH (Month) - (Day) (Year) <u>DEC 12 1947</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 15, 1897</u>	9. AGE (In years last birthday) <u>54</u>	If UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>SIKESTON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. J. MATTHEWS</u>			13b. MOTHER'S MAIDEN NAME <u>CATHERINE EMORY</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN McMULLIN</u> ADDRESS <u>SIKESTON MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Oedema Carcinoma Cervix with metastasis</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>18 Mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Colostomy 7-10-47.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-16, 1947</u> to <u>12-12, 1947</u> , that I last saw the deceased alive on <u>12-12, 1947</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David G. Borse</u> M.D.			23b. ADDRESS <u>3903 Olive</u>			23c. DATE SIGNED <u>2-28-49</u>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>DEC 12, 1947</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>	
DATE REC'D BY LOCAL REGIS. <u>MAR 3 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Swater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WELSH FUNERAL HOME-SIKESTON MO</u> ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 11 1949

80121

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.

Signed Raymond Crews

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston, 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 this body is not embalmed, fact should be so stated above.