

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21867**

FILED JUN 19 1948  
Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. **68**

1. PLACE OF DEATH:

(a) County **Scott**  
(b) City or town **Sikeston**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_  
years, months or days) **yes**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Scott**  
(c) City or town **Sikeston**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **211 Perry St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Martha Hayes**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 3. Color or race **Colored** 6. (a) Single, widowed, married, divorced **divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug 3 1894**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>54</b>	<b>9</b>	<b>1</b>	_____ hr. _____ min.

9. Birthplace **Brownville Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business \_\_\_\_\_

12. Name **Dan Hayes** 9

13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Taylor**

15. Birthplace **Haywood County Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gene Murray**

(b) Address **1505 Washington St**

17. (a) **Burial** (b) Date thereof **6-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Cemetery**

18. (a) Signature of funeral director **Fred Smith**

(b) Address **1212 Grand St Sikeston Mo**

19. (a) **6-14-48** (b) **Mrs. F. Henry**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **1**  
year **48** hour **5:45** minute **A** M.

21. I hereby certify that I attended the deceased from **May 30**  
**7 48**, 19\_\_\_\_, to **June 1**, 19**48**  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Malaise due to acute Coronary Occ.**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy: **view**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **John J. Sample** (M. D. or other) **M.D.**  
Address **1212 Grand St Sikeston Mo** Date signed **6/3/48**

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 6-48-726

Date Filed 6-12-48

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Fred J. Smith*

Licensed Embalmer No. 4408

P. O. Address Bekeston, 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.