

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22258

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston
c. LENGTH OF STAY (In this place) 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Homes, Smith add.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Scott
c. CITY (If outside corporate limits, write RURAL and give township) Sikeston
d. STREET ADDRESS (If rural, give location) Smith Add.

100
5
2
0

3. NAME OF DECEASED
a. (First) Daisy b. (Middle) Bell c. (Last) Absher 4. DATE OF DEATH (Month) (Day) (Year) June 5 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 27, 1879 9. AGE (In years (last birthday) Months Days Hours Min.) 69 8 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housekeeper 11. BIRTHPLACE (State or foreign country) Carmi, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Blagg 13b. MOTHER'S MAIDEN NAME Mary Rodgers 14. NAME OF HUSBAND OR WIFE Husband deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Clydes Absher ADDRESS Sikeston, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix Uteri
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.
191X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1948, to 6-5, 1949, that I last saw the deceased alive on 6-5, 1949, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Larson (Degree or title) M.D. 23b. ADDRESS Morehouse, Mo. 23c. DATE SIGNED 6-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-7-49 24c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery 24d. LOCATION (City, town, or county) (State) Essex, Mo. Rural

DATE REC'D BY LOCAL REG. June 13-49 REGISTRAR'S SIGNATURE Mrs. Ella Hunter FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.

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

RECEIVED

District Health Office N

District File Number 649

Date Filed JUN 20 1946

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 _____
Student Embalmer

Signed B. B. Brentlinger
Licensed Embalmer No. 19201

P. O. Address Dexter, 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.