

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36012

State File No.

BIRTH NO. 169789-49 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>10hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>107 William</u>	
3. NAME OF DECEASED a. (First) <u>Phyllis</u> b. (Middle) <u>Ann</u> c. (Last) <u>Scherer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-9-49</u>
9. AGE (In years last birthday) <u>10hrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Mo. Delta Comm. Hospital</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wilfred James Scherer</u>		13b. MOTHER'S MAIDEN NAME <u>Naomi Ruth Strawe</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Naomi Ruth Scherer, Mother</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>Premature Birth. 6 1/2 mo.</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 17 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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 <u>Normal</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-10-49</u> , 19 <u>49</u> , to <u>10-10-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-10-49</u> , 19 <u>49</u> , and that death occurred at <u>4:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. W. Albritton MD</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>12-Oct-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-10-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial park Cemety</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Albritton</u>		ADDRESS <u>Sikeston Mo</u>	

RECEIVED NOV 7 1949

District Health Office No. _____

District File Number 1149-1

Date Filed _____

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Allerton

Licensed Embalmer No. 2941

P. O. Address Jefferson W.

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.