

No. 300
10.48

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36013

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	
c. LENGTH OF STAY (in this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 321 Alabama St., Sikeston, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 321 N. Alabama			

3. NAME OF DECEASED (Type or Print) a. (First) Billy b. (Middle) Jean c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Oct., 16 1949
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) XXXXX	8. DATE OF BIRTH March 26 1942	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR 8 Days	IF UNDER 1 MIN. 26 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX	10b. KIND OF BUSINESS OR INDUSTRY XXX	11. BIRTHPLACE (State or foreign country) Shears Arkansas	12. CITIZEN OF WHAT COUNTRY? XXX
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13a. FATHER'S NAME Thomas Smith	13b. MOTHER'S MAIDEN NAME Georgia Mae Douglas	14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 2XXX	17. INFORMANT'S SIGNATURE OR NAME Georgia Mae Douglas	ADDRESS 321 N. Alabama
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Blows on Head - from axe		INTERVAL BETWEEN ONSET AND DEATH E 9 1/2 H
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Skull		
	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 See	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sikeston Scott Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 15 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? At the hands of another person
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22. I hereby certify that I attended the deceased from **First to Call after death**, 19 **1949**, and that death occurred at **10:18 AM**, from the causes and on the date stated above.

23a. SIGNATURE Stipide Pop (Degree or title) Coroner	23b. ADDRESS Sikeston Mo.	23c. DATE SIGNED 10/18/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 17-49	24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	24d. LOCATION (City, town, or county) (State) West End of Sikeston
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DATE REC'D BY LOCAL REG. Oct 31-49	REGISTRAR'S SIGNATURE Mrs Calla Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Fred Smith	ADDRESS 1212 Maud St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 7 1949

District Health Office No.

District File Number 1149

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

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.