

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43389  
17383  
175

BIRTH NO.		REG. DIST. NO. <u>333</u>	PRIMARY REG. DIST. NO. <u>3074</u>	Registrar's No. <u>175</u>
1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		
c. LENGTH OF STAY (in this place) <u>16</u>		d. STREET ADDRESS (If rural, give location) <u>314 Dixie</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 314 DIXIE</u>		e. STREET ADDRESS (If rural, give location) <u>314 Dixie</u>		
3. NAME OF DECEASED a. (First) <u>Estella</u>		b. (Middle) <u>—</u>		c. (Last) <u>Green</u>
4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>13</u> (Year) <u>1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 26 1902</u>	9. AGE (In years last birthday) <u>48</u> if UNDER 1 YEAR Months <u>3</u> Days <u>16</u> if UNDER 12 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE-WIFE</u>		11. BIRTHPLACE (State or foreign country) <u>Dinison Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Jack Cummings</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Bucket</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Cummings</u> ADDRESS <u>972 Eugene</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleed Rubea Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>—</u>  DUE TO (c) <u>—</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>490X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Dec 1, 1949</u> , to <u>Dec 13, 1949</u> , that I last saw the deceased alive on <u>Dec 13, 1949</u> , and that death occurred at <u>6:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>John L. Sample</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>12/17/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 15 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>West of Sikeston Mo</u>				
DATE REC'D BY LOCAL REG. <u>Dec 19-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u> ADDRESS <u>1212 Main St</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DEC 27 194

District Health Office No.

District File Number 10249-12

Case 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.