

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8476**

BIRTH NO. _____ **REG. DIST. NO.** 144 **PRIMARY REG. DIST. NO.** 4234 **Registrar's No.** 16

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL — POLK 0620</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S of the OZARKS</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Fredericktown, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGIE</u> b. (Middle) <u>ANNA</u> c. (Last) <u>SIKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 5, 1912</u>
9. AGE (In years last birthday) <u>38</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Fredericktown, Missouri</u>
13a. FATHER'S NAME <u>JOHN PRUETT</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA PRUETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JESSE E. SIKES</u>		ADDRESS <u>Route #3, Fredericktown, Mo.</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, asthma, etc.; it means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>traumatic shock</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fractured skull</u> <u>1 day</u> DUE TO (c) <u>terminal pneumonia</u> <u>1 day</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>E9170</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>sdw mill</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk Madison Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-10-50 8:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>hit on head by pulley which broke</u>	
22. I hereby certify that I attended the deceased from <u>3-10</u> , 19 <u>50</u> , to <u>MAYCH 10</u> , 1950, that I last saw the deceased alive on <u>MAYCH 10</u> , 1950, and that death occurred at <u>10:12 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. P. E. Sarland</u> (Degree or title) <u>midl.</u>		23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>3-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar. 27 1950</u>	REGISTRAR'S SIGNATURE <u>Miss Ann Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dain, Jr.</u> ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0470

MAR 31 1950

RECEIVED

MAR 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-468

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 William B. O'Connor

Licensed Embalmer No. 2975

P. O. Address Fredericktown 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.