No. 300
10.48

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

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11592

BIRTH No. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): 50yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 W. Gladys

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
d. STREET ADDRESS (If rural, give location): 315 W. Gladys

3. NAME OF DECEASED (Type or Print)
a. (First): Birde
b. (Middle): Bridwell
c. (Last): Fox

4. DATE OF DEATH (Month): 3 (Day): 12 (Year): 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/17/1881

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Bertrand Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: David Lewis

13b. MOTHER'S MAIDEN NAME: Elvira Jones

14. NAME OF HUSBAND OR WIFE: John

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: Mrs. Dixie Laws — ADDRESS: Kansas City, Kas.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Hypertensive Cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) Diabetes Mellitus — 5 yrs?

II. OTHER SIGNIFICANT CONDITIONS — 2 yrs

Conditions contributing to the death but not related to the disease or condition causing death.

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) m.

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* 8-28, 1945, *to* 3-12, 1950, *that I last saw the deceased alive on* 3-12, 1950, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas C. McClure M.D. (Degree or title)

23b. ADDRESS: McClure Surgeon Clinic Sikeston Mo

23c. DATE SIGNED: 3-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/15/50

24c. NAME OF CEMETERY OR CREMATORY: Sikeston City

24d. LOCATION (City, town, or county): Sikeston (State): Mo.

DATE REC'D BY LOCAL REG.: Mar 22-50

REGISTRAR'S SIGNATURE: Mrs Ella Hunter 9429

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Welch Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 27
District Health Office N
District File Number 350-
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 Raymond Crews

Licensed Embalmer No. 3467

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.