

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11600**

Sargent

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **43**

| | | | | | |
|---|---------------------------|---|--|---|---|
| 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) Sikeston | | c. LENGTH OF STAY (In this place) 40 years | | c. CITY (If outside corporate limits, write RURAL and give township) Sikeston | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Delta Community | | | d. STREET ADDRESS Hospital 634 E. Kathleen | | |
| 3. NAME OF DECEASED a. (First) William | | b. (Middle) Harris | c. (Last) Love | | 4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 50 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M I | 8. DATE OF BIRTH 12/22/85 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Days 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Building | | 11. BIRTHPLACE (State or foreign country) Crittenden Co. Ky. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME A.K. Love | | 13b. MOTHER'S MAIDEN NAME Addie Lucas | |
| 14. NAME OF HUSBAND OR WIFE Addie L. Love | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME William L. Love Sikeston ADDRESS _____ | | | | | |

| | | | |
|--|--|-------------|---|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia - | | INTERVAL BETWEEN ONSET AND DEATH 8 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left sided hemiplegia | | |
| | DUE TO (c) With extreme dehydration | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 334X | |

| | | |
|---|--|--|
| 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 **2-18, 1950**, to **2-19, 1950**, that I last saw the deceased alive on **2-19, 1950**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

| | | | |
|--|---|---|---|
| 23a. SIGNATURE Alden Sargent | (Degree or title) | 23b. ADDRESS Sikeston, Mo. | 23c. DATE SIGNED 2-21-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/21/50 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) New Madrid, Co. |
| DATE REC'D BY LOCAL REG. Mar 27-50 | REGISTRAR'S SIGNATURE Mrs Ella Hunter | 429 25. FUNERAL DIRECTOR'S SIGNATURE Hunter Abbotton | ADDRESS Sikeston, Mo. |

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

RECEIVED APR 3 1950
District Health Office No. _____
District File Number 450-2
Case Filed _____

Embalmed with K. Marshall

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 *Billy Hopkins*
Student Embalmer

Signed *John Allerton*

Licensed Embalmer No. *2941*

P. O. Address *Weston*

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.

John Allerton