FILED JUN 16 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22448

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 97

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

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): 26hrs. 35 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Delta Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1002
d. STREET ADDRESS (If rural, give location): 226 Dixie

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): B.D.
c. (Last): King

4. DATE OF DEATH (Month) May (Day) 21, (Year) 1950

5. SEX: Female 3

6. COLOR OR RACE: Colored

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

8. DATE OF BIRTH: March 11, 1900

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months 2 Days 10
IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mississippi

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

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Bob King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Bob King-Annie King - Sikeston, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Empyema — Unknown
DUE TO (c) Lung abscess — 7 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] 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* 5-20, *19* 50, *to* 5-21, *1950, that I last saw the deceased alive on* 5-21, *19* 50, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John M. Collins (Degree or title) D. M. D.

23b. ADDRESS: Stallcup Bldg.-Sikeston, Mo.

23c. DATE SIGNED: 5-24-50

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

24b. DATE: 5-24-50

24c. NAME OF CEMETERY OR CREMATORY: Sun Set Cemetery

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

DATE REC'D BY LOCAL REG. June 9-50

REGISTRAR'S SIGNATURE Mrs Ella Hunter

25. FUNERAL DIRECTOR'S SIGNATURE John Allison ADDRESS: Sikeston, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 12 1950
SCOTT COUNTY HEALTH CENTE
CO. FILE NO. 650-5

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. 362
working under my personal supervision.

Student Billy Pogue Hopkins
Student Embalmer

Signed John Allison

Licensed Embalmer No. 2941

P. O. Address Silvertown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.