

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32324**
Registrar's No. **1739**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 1739	
1. PLACE OF DEATH a. COUNTY Scott b. CITY (If outside corporate limits, write RURAL and give township) Sikeston, Mo. c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Home 107 N. West St.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott c. CITY (If outside corporate limits, write RURAL and give township) Sikeston, Mo. d. STREET ADDRESS (If rural, give location) 107 N. West St.			
3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) (A) c. (Last) Atherton		4. DATE OF DEATH (Month) (Day) (Year) September 10, 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH August 25, 1878		9. AGE (In years last birthday) 72 If under 1 year: Months _____ Days _____ Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Carlisle County, Ky.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ben Stubblefield		13b. MOTHER'S MAIDEN NAME Betty Farmer	
14. NAME OF HUSBAND OR WIFE (None)		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. Paul Witt, Rt. # 3 Sikeston, Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3341X				INTERVAL BETWEEN ONSET AND DEATH	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 9-7 , 19 50 , to 9-10 , 19 50 , that I last saw the deceased alive on 9-7 , 19 50 , and that death occurred at 8:00 m., from the causes and on the date stated above.							
23a. SIGNATURE E. H. Hunter M.D. (Degree or title)				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 9-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/50		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Scott, Mo.	
DATE REC'D BY LOCAL REG. Sept. 18, 50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hunter		ADDRESS Home, Sikeston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 25 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 950-117

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 _____

Licensed Embalmer No. 4685

P. O. Address Seaton 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.