

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39530

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Como Twsp</u>	
c. LENGTH OF STAY (in this place) <u>16 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile west of Baderville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Community Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u> b. (Middle) _____ c. (Last) <u>Givens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 14 1907</u>
9. AGE (In years last birthday) <u>43</u>	10. MONTHS <u>6</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u> MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Rosedale, Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Silas Givens</u>		13b. MOTHER'S MAIDEN NAME <u>Pal Lee Bennon</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Givens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Givens, Lilbourn, Missouri</u>
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia + Hypertension</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Nephritis & Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>	
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 <u>14-Nov-1950</u> , to <u>15-Nov-1950</u> , that I last saw the deceased alive on <u>15-Nov-1950</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. B. Shragmorton M.D.</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>18 Nov. 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 19 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Purial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Catron, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 20 - 50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home</u>		ADDRESS <u>Lilbourn, Mo.</u>	

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

RECEIVED NOV 27 1950
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1150-159

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 Homea L Ponder.....

Licensed Embalmer No. 3367.....

P. O. Address Lilbourn, 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.