No. 300
10.48

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39537

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 167

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): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 507 N. KINGSHIGHWAY

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): 507 N. KINGSHIGHWAY

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): CALVIN
c. (Last): SIKES

4. DATE OF DEATH (Month) (Day) (Year): 10-10-50

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 29 1877
9. AGE (In years last birthday): 73 — 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): SEMI RETIRED FARMER AND MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: FARMING & MERCHANT
11. BIRTHPLACE (State or foreign country): NEW MADRID Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRANKIS M. SIKES
13b. MOTHER'S MAIDEN NAME: JENNIE GREER
14. NAME OF HUSBAND OR WIFE: LEAH KENDALL SIKES

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: John Sikes — ADDRESS: Sikeston Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Long years (approx. 10)

ANTECEDENT CAUSES

Morbid 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.: None

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* Jan 4, 1944, *to* Nov 10, 1950, *that I last saw the deceased alive on* 5 10 A.M., 1950, *and that death occurred at* 5 20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: A. L. Martin (Degree or title): MD
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 11-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-50
24c. NAME OF CEMETERY OR CREMATORY: MAUSOLEUM
24d. LOCATION (City, town, or county) (State): SIKESTON MO

DATE REC'D BY LOCAL REG.: Nov 20 50
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Welch Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 19

RECEIVED NOV 27 195
SCOTT COUNTY HEALTH C

CO. FILE NO. 1150-

APR 26 1955

MAY 3 1955

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 Lewis

Licensed Embalmer No. 3467

P. O. Address Littleton Ma

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

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