

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43287

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

pm 509

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 833 PRIMARY REG. DIST. NO. 3074 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>	
c. LENGTH OF STAY (in this place) <b>20 Yr.</b>		d. STREET ADDRESS (If rural, give location) <b>202 Fair St. Sikeston, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Resident. 202 Fair</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>		b. (Middle) _____ c. (Last) <b>Heek</b>	
4. DATE OF DEATH <b>Dec., 27 1950</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Sept. 16 1898</b>		9. AGE (In years last birthday) <b>52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Wife</b>	
11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jim Pettaway</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown.</b>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jennie Howard</b> ADDRESS <b>202 Fair St.</b>	
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) <b>Acute Myocarditis</b> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>First Call</b> to <b>after Death</b> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Clude Poe</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Sikeston Mo</b>	
23c. DATE SIGNED <b>12/31/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12-31-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>West of Sikeston Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred J. Smith</b> ADDRESS <b>1212 Mand St.</b>	
DATE REC'D BY LOCAL REG. <b>Jan. 4-51</b>		REGISTRAR'S SIGNATURE <b>Mrs. Della Hunter</b>	

1961 11/10

**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 Ludf. Smith.....

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.