

FILED JAN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43293

BIRTH NO. 70229-50 REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 3074 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott 1002	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston,		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston, d	
d. FULL NAME OF HOSPITAL OR INSTITUTION Resident 221 Dixie		d. STREET ADDRESS (If rural, give location) 221 Dixie St.	

3. NAME OF DECEASED (Type or Print) Betty	a. (First)	b. (Middle) Loubertha	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1950
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Nov., 2 1950	9. AGE (In years last birthday) Months Days Hours Min. 0 1 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXXXX	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXX	11. BIRTHPLACE (State or foreign country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jessie Moore	13b. MOTHER'S MAIDEN NAME Pearl Lou Wade	14. NAME OF HUSBAND OR WIFE XXXXXXXXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. XXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Moore 221 Dixie St.
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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		INTERVAL BETWEEN ONSET AND DEATH 490X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobar		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **First**, 19**50**, to **last** after **Death**, 19**50**, 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 (Degree or title) Clude P. Brown	23b. ADDRESS Sikeston Mo.	23c. DATE SIGNED 12/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-50	24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	24d. LOCATION (City, town, or county) (State) West of Sikeston, Mo.
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DATE REC'D BY LOCAL REG. Jan 4-51	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred J. Smith 1212 Mend St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 8 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-8

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. Not Embalmed

P. O. Address.....

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.