

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7203  
Registrar's No. 49

BIRTH NO. 12015-51 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

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

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>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blodgett, Mo</u>	
c. LENGTH OF STAY (in this place) <u>8 Days</u>		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Delta Com Hospt Sikeston, Mo</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Paula</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Hendrick</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>2</u> <u>16</u> <u>1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S U</u>	8. DATE OF BIRTH <u>2/8/51</u>	9. AGE (In years last birthday)	<u>—</u> Months <u>—</u> Days <u>8</u> Hours <u>—</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Levi Hendrick</u>	13b. MOTHER'S MAIDEN NAME <u>Glenda Gray</u>	14. NAME OF HUSBAND OR WIFE <u>XXX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Levie Hendrick Blodgett, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Infant 28 wks</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7625</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-7-51, 1951, to 15-Feb, 1951, that I last saw the deceased alive on 15-Feb, 1951, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.S. Thompson M.D.</u>	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>27 Feb-51</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blodgett cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Blodgett, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 27-51</u>	REGISTRAR'S SIGNATURE <u>Mrs Olla Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Jones</u>	ADDRESS <u>Sikeston Mo</u>
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RECEIVED MAR 5 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 351-63

**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.....

*Not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Signed *John Allerton*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2941*

P. O. Address *Jeffersonville*

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.