No. 300
10-48

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11242

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3074 Registrar's No. 60

003

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): 20 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, 1003
d. STREET ADDRESS (If rural, give location): Sikeston, 227 Fair

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): —
c. (Last): Shoat

4. DATE OF DEATH (Month) (Day) (Year): March 27 1951

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single U
8. DATE OF BIRTH: August 25, 1911
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 7, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Comon Labor
11. BIRTHPLACE (State or foreign country): Memphis, Tenn, /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Eligah Shoat
13b. MOTHER'S MAIDEN NAME: Mattie Leeks
14. NAME OF HUSBAND OR WIFE: None

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.: 491, 36, 2012
17. INFORMANT'S SIGNATURE OR NAME: Bettie Shoat 227 Fair St. ADDRESS: Sikeston Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis — Several years
DUE TO (c): Hypertensive Heart disease — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
592X

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* 5-Mar, 1951, *to* 27-Mar, 1951, *that I last saw the deceased alive on* 27-Mar, 1951, *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H.B. Throgmorton M.D.
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: 30-Mar-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 29-1-51
24c. NAME OF CEMETERY OR CREMATORY: Sunset Cemetary
24d. LOCATION (City, town, or county) (State): West of Sikeston, Mo

DATE REC'D BY LOCAL REG.: Apr 5-51
REGISTRAR'S SIGNATURE: Mrs Ella Hunter #29
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Smith
ADDRESS: 1212 Maud St. Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 9 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 451-80

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 Fred J. 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.