

FILED AUG 11 1951

DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23709

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 41

162

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

1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Polk</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Polk 0620</b>	
c. LENGTH OF STAY (in this place) <b>75 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Route 3, Fredericktown, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 3, Fredericktown, Mo.</b>			

3. NAME OF DECEASED (Type or Print) <b>EDWARD SIKES</b>			4. DATE OF DEATH <b>JULY 15, 1951</b>		
a. (First)		b. (Middle)	c. (Last)		Date: (Month) (Day) (Year)

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>June 12, 1868</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER 1 YEAR					
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>Jefferson County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Sikes</b>	13b. MOTHER'S MAIDEN NAME <b>MARGRET MARLOW</b>	14. NAME OF HUSBAND OR WIFE <b>EMMA G. SIKES</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>IRA SIKES, Fredericktown, Mo.</b>	17. ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b>		<b>year</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 <b>331X</b>	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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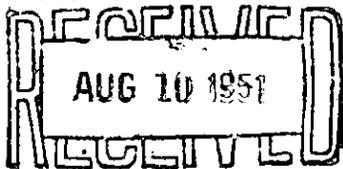
22. I hereby certify that I attended the deceased from fever, 1950, to 7-15, 1951, that I last saw the deceased alive on 7-15, 1951, and that death occurred at 5:00 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>135 W Main Fredericktown</b>	23c. DATE SIGNED <b>July 17 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-17-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Madison County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-3-1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b> 187	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sam Dajin Jr.</b>	ADDRESS <b>Fredericktown Mo</b>
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JUDICIAL COURT, DISTRICT OF  
FREDERICKTOWN, M. D.



FILE NO. 851-43

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed William B. O'Connor

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown, Md.

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.