

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

40391

State File No. \_\_\_\_\_

BIRTH NO. 91827-51F52 REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 3074 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY " <u>Scott</u> <u>10.3</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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> <u>1003</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs. 58 m.</u>		d. STREET ADDRESS (If rural, give location) <u>619 East Gladys Street</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Delta Community Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Leslie Moore</u>	c. (Last) <u>Rister</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 23 - 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>11-23-1951</u>	9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> IF UNDER 12 HRS. Hours <u>2</u> Mins. <u>58</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>Will Rister</u>	13b. MOTHER'S MAIDEN NAME <u>Bernadean Comstock</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernadean Rister</u> ADDRESS <u>619 East Gladys Street Sikeston, Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs. 58 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	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)	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 2:27 P.M. Nov. 23, 1951, to Nov. 23, 1951, that I last saw the deceased alive on Nov. 23, 1951, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlow M.D.</u>	23b. ADDRESS <u>412 Tanner Street Sikeston, Mo.</u>	23c. DATE SIGNED <u>Nov. 26, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burn</u>	24b. DATE <u>11-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maynard Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Scott Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-28-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olga Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley Funeral Home Sikeston Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 3 1951  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1251-255

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**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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Likeston 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.