

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44268**

FILED JAN 17 1952

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **197**

1003
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 122 5th St		d. STREET ADDRESS (If rural, give location) 122 5th Street Sikeston	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Myrtie	b. (Middle) D	c. (Last) Lavender	(Month) 12	(Day) 9	(Year) 1951

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/12/75	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) KY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown Harvey	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE R.L. Lavender
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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. None	17. INFORMANT'S SIGNATURE OR NAME Hillery Lavender	ADDRESS Sikeston Mo
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		6 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular fibrillation DUE TO (c) hypertensive Cardiovascular disease		6 mo.
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 443 X	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 **5/10**, 19**51**, to **11/27**, 19**51**, that I last saw the deceased alive on **11/27/51**, 19, and that death occurred at **6:0 A** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Critchlow (Degree or title) M.D.	23b. ADDRESS Sikeston, mo	23c. DATE SIGNED Dec. 24, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/51	24c. NAME OF CEMETERY OR CREMATORY Memorial park Cem	24d. LOCATION (City, town, or county) (State) Sikeston, Mo
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DATE REC'D BY LOCAL REG. 1-7-52	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. GENERAL DIRECTOR'S SIGNATURE Harry Jones	ADDRESS Sikeston Mo
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RECEIVED JAN 14 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-7

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. 2941

P. O. Address St. Louis, 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.