

FILED FEB 14 1952

STANDARD CERTIFICATE OF DEATH

3032  
 State File No. 0929

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston, Mo</b> <b>1003</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2607 1/2 N Ninth St.</b>		d. STREET ADDRESS (If rural, give location) <b>5 St Sikeston, MO</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Reuben</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Lavender</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 23 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>1/19/73</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR: MONTHS <b>0</b> DAYS <b>4</b>
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>Self</b>		11. BIRTHPLACE (State or foreign country) <b>KY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN-NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
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>H.C. Lavender</b> ADDRESS <b>Ellsnore, Mo</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b>
	b. <b>Menieres Syndrome</b>		
	c. <b>Generalized arteriosclerosis</b>		
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"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>

22. I hereby certify that I attended the deceased from **7-7-1951**, to **12-19-1951**, that I last saw the deceased alive on **12-19-51**, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. C. Citchlaw</b> (Degree or title) <b>m.w.</b>		23b. ADDRESS <b>412 Tanner, Sikeston, Mo.</b>		23c. DATE SIGNED <b>1-26-'52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/27/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston MO</b>		

DATE REC'D BY LOCAL REG. <b>JAN 30 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, MD</b>	25. LOCAL DIRECTOR'S SIGNATURE <b>Harry Jones</b>	ADDRESS <b>Sikeston, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Superior 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.