

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3639

State File No.

FILED FEB 8 1952

| | | | | | | | |
|---|--|--|--------------------------|--|-----------------------|--|---|
| BIRTH NO. | | REG. DIST. NO. <u>333</u> | | PRIMARY REG. DIST. NO. <u>3074</u> | | Registrar's No. <u>15</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> | | c. LENGTH OF STAY (in this place) <u>Days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor Twp</u> | | d. STREET ADDRESS (If rural, give location) <u>1030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>719 Good Hope</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | | b. (Middle) <u>Ellen</u> | | c. (Last) <u>Reed</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1952</u> |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 25, 1881</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>James M. Kelley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lincoln</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u> | | 16. SOCIAL SECURITY NO. <u>--</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Reed 719 Goodhope, Sikeston, Mo.</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>3-4 years</u> | |
| 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>9-Jan</u> , 19 <u>52</u> , to <u>22-Jan</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>22-Jan</u> , 19 <u>52</u> , and that death occurred at <u>1:40 P.M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H.B. Shegator M.D.</u> | | | | 23b. ADDRESS <u>Sikeston, Mo.</u> | | 23c. DATE SIGNED <u>24 Jan 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-25-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Walkers Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near Bloomfield, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-28-52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Clara Hunter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Und. Co. Bloomfield, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 4 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 252-32

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 Lester Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.