

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3643

State File No.

FILED FEB 1 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 2074 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, c. LENGTH OF STAY (In this place) 14 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 224 FELKER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Scott
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, 1003
d. STREET ADDRESS (If rural, give location) 224 Felker St, Sikeston, Mo.

3. NAME OF DECEASED
a. (First) James b. (Middle) — c. (Last) Williams
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
January 11, 1952

5. SEX Male

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH August 4, 1898

9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 4 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
XXXXXXX

10b. KIND OF BUSINESS OR INDUSTRY
Common Labor

11. BIRTHPLACE (State or foreign country)
Tennessee

12. CITIZEN OF WHAT COUNTRY?
U, S, A,

13a. FATHER'S NAME
John Williams

13b. MOTHER'S MAIDEN NAME
Janie Hall

14. NAME OF HUSBAND OR WIFE
Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Carrie Jimerson 108 Westgate St.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
493X

20. AUTOPSY?
YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1952, to 1-11, 1952, that I last saw the deceased alive on 1-10, 1952, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE E. R. Rienstedt (Degree or title) MD

23b. ADDRESS Sikeston, Mo

23c. DATE SIGNED 1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE 1-15-52

24c. NAME OF CEMETERY OR CREMATORY Smiths Westend Court

24d. LOCATION (City, town, or county) (State) West of Sikeston, MO.

DATE REC'D BY LOCAL REG. 1-22-52

REGISTRAR'S SIGNATURE Mrs. Ella Hunter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Fred J. Smith, 1212 Grand St

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

RECEIVED JAN 28 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-29

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. 4409

P. O. Address Sikeston, 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.