No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11691

State File No.

APR 11 1952

BIRTH NO. 5265 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston,
c. LENGTH OF STAY (In this place): 10 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residentce 333Fair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, 1003
d. STREET ADDRESS (If rural, give location): 222 Fair Street

3. NAME OF DECEASED (Type or Print)
a. (First): Norman
b. (Middle): Lee
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): XXXXXX
8. DATE OF BIRTH: Jan, 8, 1952
9. AGE (In years last birthday): 0 — If under 1 year: Months 2, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XXXXX
10b. KIND OF BUSINESS OR INDUSTRY: XXXXXX
11. BIRTHPLACE (State or foreign country): 222 Fair St, Sikeston,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Toredeal Williams
13b. MOTHER'S MAIDEN NAME: Maxcine Lee
14. NAME OF HUSBAND OR WIFE: XXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXX — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XXXX
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Maxcine Lee 222 Fair St Sikeston,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH

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 ☐ 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* 3/20, 1952, *to* 3/20, 1952, *that I last saw the deceased alive on* 3/20, 1952, *and that death occurred at* 3/20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas B. McClure
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: 3/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-21-52
24c. NAME OF CEMETERY OR CREMATORY: Smith West End Court
24d. LOCATION (City, town, or county) (State): West of Sikeston, Mo.

DATE REC'D BY LOCAL REG.: 3-31-52
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fred J. Smith 1212 Maud St. Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 7 1952
SCOTT COUNTY HEALTH CENTE
CO. FILE NO. 452-95

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.