

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23293

FILED JUN 20 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 112

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

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>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MOREHOUSE</u>	
c. LENGTH OF STAY (In this place) <u>17 hr</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MO. DELTA COMM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>HUGHLON</u> c. (Last) <u>MICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31, 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>5-5-1884</u>		9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	

13a. FATHER'S NAME <u>ROBERT MICK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BROMLEY</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE MC GAUGHEY</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>J. H. MICK MOREHOUSE, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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 <u>331X</u>		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)		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 5-28, 1952, to 5-31, 1952, that I last saw the deceased alive on 5-31, 1952, and that death occurred at 5:10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Mick</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Morehouse, Mo</u>		23c. DATE SIGNED <u>6-5-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Blytheville, Ark</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24f. LOCATION (City, town, or county) (State) <u>Blytheville, Ark</u>	

DATE REC'D BY LOCAL REG. <u>6-9-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edo. E. ... Blytheville, Ark</u>	
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RECEIVED JUN 16 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-174

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.....
Student Embalmer

Signed J. R. Stovall

Licensed Embalmer No. 3100

P. O. Address Blytheville, A

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.