No. 200
10.48

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23299

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 2074 Registrar's No. 136

003

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

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):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MO. COMM DELTA HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON 1003
d. STREET ADDRESS (If rural, give location): 204 S. KINGSHIGHWAY

3. NAME OF DECEASED (Type or Print): a. (First) ORA b. (Middle) LEE c. (Last) SIDWELL

4. DATE OF DEATH (Month) (Day) (Year): 6 - 20 - 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN 8 1880
9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): DYERSBURG KY
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: DAVID D. MITCHELL
13b. MOTHER'S MAIDEN NAME: NANCY EDWARDS
14. NAME OF HUSBAND OR WIFE: W. I. SIDWELL (DEC)

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.: —
17. INFORMANT'S SIGNATURE OR NAME: W. M. Sidwell - Sikeston
ADDRESS: Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 9 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart disease — 15 years
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: 4201
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* 12-June, 1952, *to* 20-June, 1952, *that I last saw the deceased alive on* 20-June, 1952, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Throgmorton M.D.
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: 20-June-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-22-52
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): SIKESTON Mo

DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 427
25. FUNERAL DIRECTOR'S SIGNATURE: Welsh Funeral Home - Sikeston
ADDRESS: Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 30 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 652-202

JUL 21 1952

JUL 5 1952

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 Raymond Crews

Signed ..... —
Student Embalmer

Licensed Embalmer No. 3467

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.