

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26851

State File No. 155
Registrar's No. 155

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|---|--|---|--|---|---|---|---|---|------------|
| BIRTH NO. | | REG. DIST. NO. 333 | | PRIMARY REG. DIST. NO. 3074 | | State File No. 155 | | Registrar's No. 155 | |
| 1. PLACE OF DEATH a. COUNTY Scott 1003 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston c. LENGTH OF STAY (In this place) 64 yrs | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott 1003 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston d. STREET ADDRESS (If rural, give location) 513 North Kingshighway | | | | | |
| 3. NAME OF DECEASED a. (First) William b. (Middle) Henry c. (Last) Sikes | | | 4. DATE OF DEATH (Month) (Day) (Year) June 29 1952 | | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | 8. DATE OF BIRTH 3-28-1889 | | 9. AGE (In years last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING | | 11. BIRTHPLACE (State or foreign country) Sikeston, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Francis Marion Sikes | | | 13b. MOTHER'S MAIDEN NAME Jennie Greer | | | 14. NAME OF HUSBAND OR WIFE Mary Ross Sikes | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Sikes - 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arterio Sclerotic Cardia. Vascular disease. Coronary insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 years 5 years | |
| 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) | | | |
| 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 Nov. 1946, to 6/29, 1952, that I last saw the deceased alive on 6/29, 1952, and that death occurred at 5 a. m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Thomas C. McClellan M.D. | | | | 23b. ADDRESS Sikeston, Mo | | | 23c. DATE SIGNED 6/30/52 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 7-1-52 | | 24c. NAME OF CEMETERY OR CREMATORY CITY | | 24d. LOCATION (City, town, or county) (State) SIKESTON MO | | | |
| DATE REC'D BY LOCAL REG. 7-23-52 | | REGISTRAR'S SIGNATURE Mrs. Olla Hunter 425 | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sikeston Mo | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 28 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 252-234

AUG 25 1952

AUG 1

AUG 15 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.