S. No. 300
v. 10.48

FILED AUG 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26866

BIRTH NO. 47823 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY: Scott 1000 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland Twp.
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): Home R. I. Sikeston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott 1000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 0
d. STREET ADDRESS (If rural, give location): R. I.

3. NAME OF DECEASED (Type or Print)
a. (First): Lossie
b. (Middle): Berneice
c. (Last): Wilford

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1952

5. SEX: 3 Female
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby 0
8. DATE OF BIRTH: July 6, 1952
9. AGE (In years last birthday): —
If under 1 year: Months — Days 19
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Sikeston, Missouri R. I. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: ——————
13b. MOTHER'S MAIDEN NAME: Gladys Wilford
14. NAME OF HUSBAND OR WIFE: 0

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0 (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME Box 57 **ADDRESS**: Gladys Wilford, Sikeston, Missouri R. I.

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) Prematurity (Birth weight 3 lbs) — INTERVAL BETWEEN ONSET AND DEATH: 19 days

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: 776 X
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* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 4:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE 0 M.D. (Degree or title): Helma C. Buchthorpe - Health Officer
23b. ADDRESS: Benton Mo.
23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 7-25-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Cem.
24d. LOCATION (City, town, or county) (State): Sikeston, Missouri

DATE REC'D BY LOCAL REG.: 7-25-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 42910
25. FUNERAL DIRECTOR'S SIGNATURE James Wilford **ADDRESS**: Front Father

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 4 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 852-235

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.