

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33921

State File No. _____
Registrar's No. 180

FILED SEP 19 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

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>Scott</u>	
b. CITY OR TOWN <u>Sikeston, Mo</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Sikeston, Mo</u>	d. STREET ADDRESS (If rural, give location) <u>410 Wallace</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Comm Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>410 Wallace</u>	
3. NAME OF DECEASED a. (First) <u>Daisy</u> b. (Middle) <u>—</u> c. (Last) <u>Provance</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 13 1952</u>
5. SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>7/3/81</u>
9. AGE (In years last birthday) <u>71</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>10</u>	# UNDER 12 HRS Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>Ill</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tom Perry</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Provance</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tune Moore Sikeston, Mo</u>		17. ADDRESS <u>Sikeston, 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>Myocardial Infarction</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) _____ 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>4201</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) (Min.)		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 <u>8-12</u>, 19<u>52</u>, to <u>8-12</u>, 19<u>52</u>, that I last saw the deceased alive on <u>8-17</u>, 19<u>52</u>, and that death occurred at <u>6:40</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>9-6-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>9-8-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>	
25. ADDRESS <u>Sikeston</u>		26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

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

No. 300
10-48

203

RECEIVED SEP 15 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 958-264

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

John Allerton

Signed.....

Student Embalmer

Licensed Embalmer No. 2941

P. O. Address *Keeton*

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.