

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37357

FILED NOV 14 1952

BIRTH NO.

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 2074

Registrar's No.

209

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 (If outside corporate limits, write RURAL and give township) TOWN <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>SIKESTON</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>620 WILLIAMS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>620 WILLIAMS</u>			
3. NAME OF DECEASED a. (First) <u>BRENDA</u> (Type or Print)		b. (Middle) <u>DARLENE</u>	
		c. (Last) <u>MC GEE</u>	
		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>3</u> (Year) <u>1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>APRIL 11, 1949</u>
9. AGE (In years last birthday) <u>3</u>		10. MONTHS <u>3</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SIKESTON MO</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>J. D. MC GEE</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MAXINE LANE</u>	
14. NAME OF HUSBAND OR WIFE			
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>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Mc Gee</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE DISLOCATION CERVICAL</u>			
ANTECEDENT CAUSES <u>VERTEBRA NUMBER TWO</u>			
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. <u>E9000</u> <u>21</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SIKESTON SCOTT 14 MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 3 1952</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>FELL DOWN STEPS</u>			
22. I hereby certify that I attended the deceased from <u>3 OCT, 1952</u> to <u>10-3, 1952</u> , that I last saw the deceased alive on <u>10-3, 1952</u> , and that death occurred at <u>3 1</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Andra B. ...</u>		23b. ADDRESS <u>MO 217 S. Kings Highway</u>	
23c. DATE SIGNED <u>11-13-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-5-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>	
DATE REC'D BY LOCAL REG. <u>11-4-52</u>		REGISTRAR'S SIGNATURE <u>Wm. O. Hunter</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home - Sikeston MO</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

1003

RECEIVED NOV 10 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1152-311

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Raymond Crow
Licensed Embalmer No. 3467

P. O. Address Leicester, 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.