

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4483

State File No. _____

FILED FEB 6 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 3

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>218 Westgate Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hattie</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Daniel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan., 16, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cololed</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov, 27, 1913</u>	9. AGE (In years last birthday) <u>39</u>	10. UNDER 1 YEAR <u>1</u>	11. UNDER 15 HRS. <u>19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXXXXXX</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tupelo, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Benjamin Pearson</u>	13b. MOTHER'S MAIDEN NAME <u>Abbie Harrington</u>	14. NAME OF HUSBAND OR WIFE <u>James Allen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>James Allen</u> ADDRESS <u>218 Westgate St.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia + Eclampsia</u>		<u>14 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C-V Disease</u> DUE TO (c) _____		<u>2-3 yrs</u>
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>443X E</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from Jan 12, 1953, to Jan 17, 1953, that I last saw the deceased alive on 17 Jan, 1953 and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John D. [Signature]</u> (Degree or title) _____	23b. ADDRESS <u>1212 W. 4th St</u>	23c. DATE SIGNED <u>21 Jan 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>1-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court</u>	24d. LOCATION (City, town, or county) (State) <u>West of Sikeston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-26-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ola Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u> ADDRESS <u>1212 W. 4th St.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 253-19
FEB 2 1953

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

Fred J. Smith

Licensed Embalmer No. 4408

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.