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FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4491

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO: 3074 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	c. LENGTH OF STAY (In this place) <u>0 1/2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>	<u>0721</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Delta Community Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>620 Scott</u>	<u>/</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Dudley</u>	c. (Last) <u>Treadway</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-3-1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>New Madrid Mfg. Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>manufacturing</u>	11. BIRTHPLACE (State or foreign country) <u>Dover, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Tom Treadway</u>	13b. MOTHER'S MAIDEN NAME <u>Roda Stafford</u>	14. NAME OF HUSBAND OR WIFE <u>Sally Boyd Treadway</u>
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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>Sally Boyd Treadway</u> ADDRESS <u>New Madrid Mo</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, asphyxia, 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>metastatic carcinoma of liver</u>		<u>3 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary site unknown</u> DUE TO (c) <u>arteriosclerotic gangrene of right foot</u>		<u>3 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1562</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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) (Min.)	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 9-4-1952 to 1/18-1953, that I last saw the deceased alive on 1/17-1953, and that death occurred at 9:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. C. Culchley M.D.</u> (Degree or title)	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>Jan 21, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Near New Madrid Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-23-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. W. A. Hunter 429</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Hunter</u> ADDRESS <u>New Madrid</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **JAN 26 1953**
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 153-15

8961 6 100

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.....
Student Embalmer

Signed *Les Hedges*

Licensed Embalmer No. 3883

P. O. Address New Madrid

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.