

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8432**

FILED FEB 20 1953

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6115		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Scott			
b. CITY OR TOWN RURAL (Miner)		c. LENGTH OF STAY (In this place) 32 yr		c. CITY OR TOWN Miner - RURAL Sikeston			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home B. Schaub				d. STREET ADDRESS (If rural, give location) R 2 1000			
3. NAME OF DECEASED (Type or Print) SUSAN FRANCES		a. (First)		b. (Middle)		c. (Last) Mc GILL	
4. DATE OF DEATH (Month) (Day) (Year) 1-2-1953		5. SEX F		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH JAN-13-1877		9. AGE (In years last birthday) 75		# UNDER 1 YEAR 11 Months 19 Days		# UNDER 24 HRS. 0 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Mississippi County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME D.K.		13b. MOTHER'S MAIDEN NAME D.K.		14. NAME OF HUSBAND OR WIFE Robert F. Mc Gill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Howard Mc Gill Sikeston Mo. ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis 5 yrs					
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				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 7/28 , 19 49 , to 1/2 , 19 53 , that I last saw the deceased alive on 1/2 , 19 53 , and that death occurred at 4: P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. C. Citchlow M.D.				23b. ADDRESS Sikeston Mo.		23c. DATE SIGNED Jan 7, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-4-1953		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) Sikeston Mo.	
DATE REC'D BY LOCAL REG. 2-14-53		REGISTRAR'S SIGNATURE Mrs. Della Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home		ADDRESS Sikeston Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 16 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 253-41

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 Sews

Licensed Embalmer No. 3467

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.