

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12958

State File No.

FILED MAR 20 1953

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 44		
1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Scott					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 11 Hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 1000					
d. FULL NAME OF HOSPITAL OR INSTITUTION Mol Delta Community Hosp.			d. STREET ADDRESS (If rural, give location) Route 2					
3. NAME OF DECEASED (Type or Print) Donald Lee Householder			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 2-20-1953								
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 2-10-1953		9. AGE (In years last birthday) -	IF UNDER 1 YEAR Months -	IF UNDER 12 HRS. Days 11	IF UNDER 60 MINS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (State or foreign country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Clyde Householder			13b. MOTHER'S MAIDEN NAME Louise Wrice		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) No		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Louise Householder, R2, Sikeston, Mo					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Convulsion from cerebral injury ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Birth injury DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 11 days 11 days.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7600						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) m.		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 2-20, 1953 to 2-20, 1953 that I last saw the deceased alive on 2/20, 1953, and that death occurred at 6:50 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Thomas C. McClure			23b. ADDRESS Sikeston, Mo			23c. DATE SIGNED 2/21/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 21st	24c. NAME OF CEMETERY OR CREMATORY Family Cemetery		24d. LOCATION (City, town, or county) (State) Blodgett, Mo.				
DATE REC'D BY LOCAL REG. 3-10-53	REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs. Clyde Householder, Sikeston, Mo.					

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

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RECEIVED MAR 16 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 35 3-69

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.