

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20433**

FILED MAY 22 1953 BIRTH NO. REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **75**

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	
c. LENGTH OF STAY (in this place) 30 yr.		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Delta		d. STREET ADDRESS (If rural, give location) 312 MAUD	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) VICTORIA c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) MAY 1 1953		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH April 18 - 1893			9. AGE (In years last birthday) Months Days 60		

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) Grand River Ky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lynn Culp			13b. MOTHER'S MAIDEN NAME FRANCIS O BRIVE Henry		14. NAME OF HUSBAND OR WIFE Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Henry Smith, Sikeston, Mo			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 26 hrs	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy				?	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 334X			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)		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 **April 30, 1953**, to **May 1, 1953**, that I last saw the deceased alive on **May 1, 1953**, and that death occurred at **9:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Cutchlow (Degree or title) M.D.		23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED May 5, 1953	
---	--	----------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-3-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sikeston, Mo.	
---	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. May 13-53		REGISTRAR'S SIGNATURE Mr. [Signature]		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Orville Taylor Sikeston Mo	
---	--	--	--	--	--

RECEIVED MAY 18 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 553-110

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

J. Edwin McMillen

Licensed Embalmer No. 4695

P. O. Address E. P. Mc

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.