

No. 500
10. 48

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20434

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Mississippi	
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 Wyatt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.		d. STREET ADDRESS (If rural, give location) ----	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) LEO c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) 5-14-1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith		11. BIRTHPLACE (City and State or Foreign Country) Zelma, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Perry W. Smith		13b. MOTHER'S MAIDEN NAME Fannie Virgin		14. NAME OF HUSBAND OR WIFE Monica Colston	
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 ADDRESS John Smith Canalou, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Chest injuries, Head injuries and both legs fractured		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Due to automobile accident		7 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SURVEIL HOME/IDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 60 E.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sikeston Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) May 11 1953 9:00 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Struck by Car on highway.

22. I hereby certify that I attended the deceased from **11-May, 1953**, to **14-May, 1953**, that I last saw the deceased alive on **13-May, 1953**, and that death occurred at **3:53 P** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.B. Thrompton M.D.	23b. ADDRESS Sikeston, MO	23c. DATE SIGNED 16-May 53
--	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/16/1953	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) SIKESTON MO
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 5-25-53	REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welsh Funeral Home - Sikeston Mo
--	--	---

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

203
0

RECEIVED JUN 2 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 653-120

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 Lewis

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.