

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23575**
Registrar's No. **88**

ED **JUN 19 1953** REG. DIST. NO. **333** PRIMARY REG. DIST. **3074**

1. PLACE OF DEATH a. COUNTY Scott b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Scott c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston d. STREET ADDRESS (If rural, give location) 512 North Kingshighway	
3. NAME OF DECEASED a. (First) Reuben b. (Middle) C. c. (Last) Matthews		4. DATE OF DEATH (Month) (Day) (Year) 5e28-1953	
5. SEX Male 9 White		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-12-1869	
9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY Retired	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Reuben Matthews	
13b. MOTHER'S MAIDEN NAME Attla Townsend		14. NAME OF HUSBAND OR WIFE Ida Emory	
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 Charles James E Matthews 206 Hunter 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4343	
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 5-26, 1953, to 5/28, 1953 , that I last saw the deceased alive on 5/28, 1953 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas C. M. Clure		23b. ADDRESS Sikeston, Mo.	
23c. DATE SIGNED 6/1/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/30/53		24c. NAME OF CEMETERY OR CREMATORY Old City Cemetery	
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Jones Sikeston Mo	
DATE REC'D BY LOCAL REG. 6-8-53		REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

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

RECEIVED JUN 15 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 653-182

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

John Hunter

Licensed Embalmer No.

2941

P. O. Address

Shelton md

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.