

14619

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 53

No. 300

10.48

FILED APR 23 1954

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. LENGTH OF STAY (in this place) <u>40yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>119 Williams Sikeston</u>		d. STREET ADDRESS (If rural, give location) <u>1003</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 William</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Theodore</u> c. (Last) <u>Wainman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 15 54</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 8 1873</u>		
9. AGE (in years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Martin Co. Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levi</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Snider</u>			14. NAME OF HUSBAND OR WIFE <u>Sarah Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah Smith Wainman</u> ADDRESS <u>Sikeston Mo.</u>				
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: <u>Arteriosclerotic Cardiac</u> <u>vascular Disease</u> ANTECEDENT CAUSES <u>Mitral Regurgitation</u> Morbidity 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. <u>Aneurysm abdominal aorta</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410 X</u>				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>3/28/51</u> , 19 <u>51</u> , to <u>4/15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>54</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Shannon C. McClure M.D. Sikeston Mo.</u>				23b. ADDRESS <u>Sikeston Mo.</u>		23c. DATE SIGNED <u>4/21/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4 17 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston City</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-22-54</u>		REGISTRAR'S SIGNATURE <u>How Old Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home Sikeston Mo</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 19

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 Crews

Licensed Embalmer No. 3467

P. O. Address Sekeston 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.