No. 300
10.48

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25927

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Scott Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): 69 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Herbert Walton Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
d. STREET ADDRESS (If rural, give location): Maplewood Drive

1003

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Hallie
c. (Last): Beck

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar 2, 1885
9. AGE (In years last birthday): 69 — If under 1 year: Months: 4 Days: 3 — If under 1 day: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Lyon County Ky!
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Crain
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mary Walton
ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of lung. — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary Site Undetermined. — Unknown
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: 163X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* 7-July, 1954, *that I last saw the deceased alive on* 1-July, 1954, *and that death occurred at* 3:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.B. Throgmorton (Degree or title) M.D.
23b. ADDRESS: Sikeston Mo.
23c. DATE SIGNED: 7-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8, 1954
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sikeston-New Madrid-Mo

DATE REC'D BY LOCAL REG.: 7-12-54
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Orville Gaylor
ADDRESS: Sikeston Mo

429-0

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUL 19 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 754-882

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 Leo Hedgspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.