

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43100

State File No.

FILED JAN 7 1955

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 187

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, 1003</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>329 Westgate St.</u>		d. STREET ADDRESS (If rural, give location) <u>329 Westgate St. 6</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nettie</u>	b. (Middle) <u>XXXXXXX</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Dec, 27 1954</u>
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5. SEX <u>3</u>	6. COLOR OR RACE <u>Female Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 28, 1891</u>	9. AGE (In years last birthday) (Months) (Days)	<u>63 5 29</u>	IF UNDER 14 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U, S, A</u>
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13a. FATHER'S NAME <u>Ned Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Safford</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0 XXX</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Everlyn Russ Chicago, Ill.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
		<u>Sikeston SCOTT MO</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 20 Dec, 1954, to 27 Dec, 1954, that I last saw the deceased alive on 27 Dec, 1954, and that death occurred at Sikeston, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John L Sample M.D.</u>	23b. ADDRESS <u>Poplar Bluff Mo.</u>	23c. DATE SIGNED <u>28 DEC 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court</u>	24d. LOCATION (City, town, or county) (State) <u>West of Sikeston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith 1212 Main St.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 3 1955

SCOTT CO. HEALTH DEPT.
OO. FILE No. 155-5

JAN 7 1955

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Lickston, 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.