

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 18 1955

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 332 PRIMARY REG. DIST. NO. 3074 Registrar's No. 22

|                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Scott</u>                                                                                                                                                                                                                                  |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>Scott</u>                                                                                                                                                                                                                                                                                                                                     |                                                                       |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sikeston,</u>                                                                                                                                                                                        |                                    | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sikeston,</u>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>626 Murry Lane</u>                                                                                                                                                                                                                |                                    | d. STREET ADDRESS (If rural, give location)<br><u>626 Murry Lane</u>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><u>Lena</u>                                                                                                                                                                                                             |                                    | b. (Middle)<br>-----                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| c. (Last)<br><u>Moqueen</u>                                                                                                                                                                                                                                                     |                                    | 4. DATE OF DEATH<br>(Month) <u>2</u> (Day) <u>6</u> (Year) <u>1955</u>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                                         | 6. COLOR OR RACE<br><u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>                                                                                                                                                                                                                                                                                                                                                                                                            | 8. DATE OF BIRTH<br><u>Sept, 16, 1882</u>                             |
| 9. AGE (In years last birthday)<br><u>73</u>                                                                                                                                                                                                                                    |                                    | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   | IF UNDER 24 HRS.<br>Hours _____ Min. _____                            |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><u>Housewife</u>                                                                                                                                                                      |                                    | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>                                                                                                                                                                                                                                                                                                                                                                                                                               | 11. BIRTHPLACE (State or foreign country)<br><u>Brownville, Tenn,</u> |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u>                                                                                                                                                                                                                                     |                                    | 13a. FATHER'S NAME<br><u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>                                                                                                                                                                                                                                     |                                    | 14. NAME OF HUSBAND OR WIFE<br><u>Widowed</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                                                                           |                                    | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |
| 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><u>Henretta Moqueen, 626 Murry lane</u>                                                                                                                                                                                        |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u> |                                                                       |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                          |                                    | 19b. MAJOR FINDINGS OF OPERATION<br><u>260 X</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |
| 20. AUTOPSY?<br>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 <u>2-2</u> , 19 <u>55</u> , to <u>2-2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>55</u> , and that death occurred at <u>3:15 A.m.</u> , from the causes and on the date stated above. |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |
| 23a. SIGNATURE (Degree or title)<br><u>Thomas C. McClure Jr.</u>                                                                                                                                                                                                                |                                    | 23b. ADDRESS<br><u>Sikeston, Mo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |
| 23c. DATE SIGNED<br><u>2-10-55</u>                                                                                                                                                                                                                                              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                      |                                    | 24b. DATE<br><u>2-13-55</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Smith West End East</u>                                                                                                                                                                                                                |                                    | 24d. LOCATION (City, town, or county) (State)<br><u>West of Sikeston, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
| DATE REC'D BY LOCAL REG.<br><u>2-12-55</u>                                                                                                                                                                                                                                      |                                    | REGISTRAR'S SIGNATURE<br><u>Mrs. Ellen Hunter</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Fred. Smith</u>                                                                                                                                                                                                                          |                                    | <u>1212 Main St.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |

(Licensed Embalmer's Statement of Reverse Side)

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

FEB 14 1965

DATE RECEIVED \_\_\_\_\_

SCOTT CO. HEALTH DEPT.

CO. FILE No. 255-34

**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 Likeston, 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.