

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 14 1955 STANDARD CERTIFICATE OF DEATH

State File No. **17420**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (in this place) 9 Years	c. CITY OR TOWN Sikeston
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 901 Vernon Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) Lee c. (Last) LeSieur			4. DATE OF DEATH (Month) (Day) (Year) 6 8 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-13-1911		9. AGE (in years last birthday) Months Days Hours Min. 44 4 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-employed		10b. KIND OF BUSINESS OR INDUSTRY Store Dobv's Liq. & Tobacco		11. BIRTHPLACE (City and State or Foreign Country) Portageville, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William LeSieur		13b. MOTHER'S MAIDEN NAME Martha Howard	
14. NAME OF HUSBAND OR WIFE Mildred Arbaugh		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. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred LeSieur, Sikeston, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure		ANTECEDENT CAUSES		DUE TO (b) Chronic myocardial Hypertrophy 5 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Pulmonary Edema.	
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"/>	

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) Sikeston, Missouri MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **7-June, 1955**, to **8-June, 1955**, that I last saw the deceased alive on **8-June, 1955**, and that death occurred at **12:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. B. Throgmorton M.D.		23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 9-June 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-10-55		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) SIKESTON MO		24e. NAME OF CEMETERY OR CREMATORY SIKESTON		24f. LOCATION (City, town, or county) (State) SIKESTON MO	

DATE REC'D BY LOCAL REG. 6-11-55		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home - Sikeston Mo	
		ADDRESS 429		ADDRESS	

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

MAY 1 1966

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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.....
Signature of Student Embalmer

Signed..... *Raymond C. Cress*

Licensed Embalmer No. *340*

P. O. Address. *Sikeston*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.