

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24983

State File No. 90

FILED JUL 25 1955

BIRTH NO. 41328-55 REG. DIST. NO 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 90

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) 8 hours	c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		STREET ADDRESS (If rural, give location) 1406 Washington St. 10030	

3. NAME OF DECEASED (Type or Print) a. (First) Melton b. (Middle) Burnett c. (Last) Mabins	4. DATE OF DEATH (Month) (Day) (Year) 7 6 1955
5. SEX Male	6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 6/11/1955
9. AGE (In years last birthday) ---	IF UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---	10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anthony Mabins	13b. MOTHER'S MAIDEN NAME Onida Matlock	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Anthony Mabins, 1406 Washington, Sikeston, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute enteritis	INTERVAL BETWEEN ONSET AND DEATH ? 3 days	
ANTECEDENT CAUSES	DUE TO (b) ---	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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"/>
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-6, 1955**, to **7-6, 1955** that I last saw the deceased alive on **7-6, 1955**, and that death occurred at **10:24 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban	(Degree or title) M. D.	23b. ADDRESS Sikeston	23c. DATE SIGNED 7-7-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Camatary	24d. LOCATION (City, town, or county) (State) Sikeston, Missouri
DATE REC'D BY LOCAL REG. 7-15-55	REGISTRAR'S SIGNATURE Miss Clara Hunter	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks	ADDRESS Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUL 18 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 655-142

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 Body not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Sparks.....

Licensed Embalmer No. 37

P. O. Address Lepe, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.