

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3506

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

FILED JAN 27 1956  
BIRTH NO. 4236-56 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 13

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 OR TOWN <u>Sikeston,</u>	c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY OR TOWN <u>Sikeston,</u>	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 <u>212 Petty Street</u>		e. STREET ADDRESS (If rural, give location) <u>212 Petty St.</u>	<u>12090</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margret</u> b. (Middle) <u>XXXXXX</u> c. (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 12, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>Jan, 12, 1956</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u> Hours <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U, S, A</u>

13a. FATHER'S NAME <u>William Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Margret Tate</u>		14. NAME OF HUSBAND OR WIFE <u>Baby Stewart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>XXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Stewart 212 Petty St,</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</u>		
	DUE TO (c) <u>prematurity</u>		
11. 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 <u>5272</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12 Jan, 1956, to 12 Jan, 1956, that I last saw the deceased alive on 12 Jan, 1956, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John L. Sample M.D.</u> (Degree or title)		23b. ADDRESS <u>Sikeston Mo</u>		23c. DATE SIGNED <u>15 Jan 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court W - Sikeston</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-56</u>	REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u> <u>429-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith 1212 Main St.</u>		

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

DATE RECEIVED JAN 23 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-21

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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.....  
Licensed Embalmer No.....

P. O. Address.....

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: