

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25701**

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Days		STREET ADDRESS (If rural, give location) Route #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) — c. (Last) Meeks			4. DATE OF DEATH (Month) (Day) (Year) 7 7 1956		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 9-5-1870		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Sardis, Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Jesse Henderson		13b. MOTHER'S MAIDEN NAME Hattie		14. NAME OF HUSBAND OR WIFE Abbott Meeks	
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 Neg Meeks, Sikeston, Mo. ADDRESS	

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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, BRONCHIAL.		
	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.		1. Dilated M.V. + a.w 2. Obesity 3. Uremia	

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)		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 **7-5**, 19**56** to **7-7**, 19**56**, that I last saw the deceased alive on **7-7**, 19**56**, and that death occurred at **7:05 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. B. Smith MD		23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 7.8.56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Addition Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Mo.	
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DATE REC'D BY LOCAL REG. 7-8-56		REGISTRAR'S SIGNATURE Miss. C. B. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Miss. F. J. Sparks		ADDRESS Charleston, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

4 29

DATE RECEIVED

JUL 16 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No.

756-157

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..... *Joe R. Nummelee*

Licensed Embalmer No. 4839

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