

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32848

State File No.

FILED SEP 28 1956

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 143

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. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 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) 349 School St.	

3. NAME OF DECEASED (Type or Print) a. (First) Barbara	b. (Middle) Jean	c. (Last) Hart	4. DATE OF DEATH (Month) (Day) (Year) 9 14 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2-28-1953
9. AGE (In years last birthday) 3	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Milford Hart	13b. MOTHER'S MAIDEN NAME Norma Jean Sexton	14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME (Mother) Mrs. Norma Johnson, Sikeston, Mo.
		ADDRESS Sikeston, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEPTICEMIA			7 HRS
ANTECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	V. MENINGITIS, PURULENT, PUR		19 HRS.
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 **9-14**, 19**56**, to _____, 19____, that I last saw the deceased alive on **9-14**, 19**56**, and that death occurred at **5:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Andrew B. ... MD	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 9.15.56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-16-56	24c. NAME OF CEMETERY OR CREMATORY NEW CITY
		24d. LOCATION (City, town, or county) (State) MORLEY MO

DATE REC'D BY LOCAL REG. 9-15-56	REGISTRAR'S SIGNATURE Mrs. ...	25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home - Sikeston Mo	ADDRESS Sikeston Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

0

+290

DATE RECEIVED SEP 24 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-194

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 Grews*
Licensed Embalmer No. 340

P. O. Address *Clinton*

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.