

FILED JAN 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44457**

|  |  |  |  |   |  |   |   |  |                       |
|--|--|--|--|---|--|---|---|--|-----------------------|
| BIRTH NO.  |  | REG. DIST. NO. <b>333</b>  |  | PRIMARY REG. DIST. NO. <b>217K</b>  |  | Registrar's No. <b>201</b>  |   |  |                       |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Scott</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b> |  |   |   |  |                       |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>   |  | c. LENGTH OF STAY (In this place) <b>1 Mo.</b>   |  | c. CITY OR TOWN <b>Sikeston</b>   |  | 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 <b>Mo. Delta Community Hospital</b>  |  |  |  | e. STREET ADDRESS (If rural, give location) <b>115 Prosperity St.</b>   |  |   |   |  |                       |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Jessie</b> b. (Middle) <b>Regina</b> c. (Last) <b>Crooks</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 13 - 56</b>    |   |  |   |   |  |                       |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>                                  | 8. DATE OF BIRTH <b>12-15-1917</b>                           |   | 9. AGE (In years last birthday) <b>39</b>  | IF UNDER 1 YEAR Months  | IF UNDER 24 HRS. Days                         | IF UNDER 2 HRS. Hours  | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>J.C. Penny Co.</b>      |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Sikeston, Missouri</b>     |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>    |  |                       |
| 13a. FATHER'S NAME <b>William Stacy</b>  |  |  | 13b. MOTHER'S MAIDEN NAME <b>Etta Pratt</b>                  |   | 14. NAME OF HUSBAND OR WIFE <b>James Crooks</b>                                  |   |   |  |                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>499-28-8973</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Harry Stacy, Brother</b>   |  |   |   | ADDRESS <b>Jessie Crooks 115 Prosperity, Sikeston</b>                            |                       |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   | MEDICAL CERTIFICATION  |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>3 Mo.</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.   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>                     |  |  |   |  |   |   |  |                       |
|  | ANTECEDENT CAUSES  |  |  |   |  |   |   |  |                       |
|  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  |   |  |   |   |  |                       |
|  | DUE TO (b) <b>Carcinoma of Cervix. (Endocervix) 5 Mo</b>   |  |  |   |  |   |   |  |                       |
|  | 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) <b>171X</b>   |  |   |   |  |                       |
| 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 <b>7-15, 1956 to 12-13, 1956</b> , that I last saw the deceased alive on <b>12-13, 1956</b> and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |   |   |  |                       |
| 23a. SIGNATURE (Degree or title) <b>Andrew B. Smith MD</b>   |  |  |  | 23b. ADDRESS <b>Sikeston Missouri</b>   |  | 23c. DATE SIGNED <b>12-26-56</b>  |   |  |                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |  | 24b. DATE <b>12-15-56</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>GARDEN OF MEMORIES</b> |   | 24d. LOCATION (City, town, or county) (State) <b>SIKESTON MO</b>                 |   |   |  |                       |
| DATE REC'D BY LOCAL REG. <b>12-26-56</b>   |  | REGISTRAR'S SIGNATURE <b>Miss Ella Hunter</b>  |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Welch Funeral Home - Sikeston Mo</b> |   |   |  |                       |

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

+29 0

DATE RECEIVED DEC 31 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-277

JAN 2

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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 Lewis

Licensed Embalmer No. 346

P. O. Address Leicester

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.