

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7211

STATE FILE NUMBER

3074

FILED FEB 19 1957

333

Registration District No.

Primary Registration District No.

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Scott</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Sikeston</b>		1003 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp.</b>			Length of stay in lb <b>I Day</b>		d. STREET ADDRESS (If outside, give location) <b>215 Young St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Walsie</b> Middle <b>---</b> Last <b>Green</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>16</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 5-1917</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Months <b>II</b> Days <b>II</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>0</b>	11. BIRTHPLACE (City and state or country) <b>Jonesboro Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Tom Jones</b>			14. MOTHER'S MAIDEN NAME <b>Norman Jones</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>0</b>		16. SOCIAL SECURITY NO. <b>0</b>	17. INFORMANT Address <b>Tommy Green, Sikeston, Mo</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>3rd Burns of 65% of Body</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>16</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>9160</b>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>House caught fire due to Coal oil on Coals</b>			
20c. TIME OF INJURY Hour <b>3:00</b> Month <b>1</b> Day <b>15</b> Year <b>57</b> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>own house</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Scott</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>1-15-57</b> to <b>1-16-57</b> and last saw her <b>him</b> alive on <b>1-16-57</b> Death occurred at <b>7:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E. E. Larzo M.D.</b>			22b. ADDRESS <b>Morehouse, MO</b>		22c. DATE SIGNED <b>2-14-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>I-31-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Smith West End Court</b>		23d. LOCATION (City, town, or county) (State) <b>West of Sikeston, Mo</b>
24. FUNERAL DIRECTOR <b>E. E. Larzo</b>		ADDRESS <b>Sikeston, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-18-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>

Health, Welfare, Public Service  
300-56  
No symptoms were noticed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were noticed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 19 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fred J. Smith*.....

Licensed Embalmer No. *44*

P. O. Address *Sikeston*

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.