

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8168

BIRTH NO.		REG. DIST. NO. 103		PRIMARY REG. DIST. NO. 5417		Registrar's No. 8		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY OR TOWN <u>Hornersville</u> c. LENGTH OF STAY (in this place) <u>15 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Del. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Hornersville</u> d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u> b. (Middle) <u>GREENFIELD</u> c. (Last) <u>Sides</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-28-1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-1-1866</u>		
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work depending on kind of work, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Jackson Sides</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Morris</u>			14. NAME OF HUSBAND OR WIFE <u>Dona Sides</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>X E B Sides</u>		ADDRESS <u>Hornersville, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Nephritis</u> DUE TO (c) <u>arteriosclerotic cardiovascular disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo</u> <u>1 year</u> <u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> 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) <u>4221</u>		(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 <u>12/10</u> , 19 <u>56</u> , to <u>3/28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>57</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R F Palenske</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Hornersville, Mo</u>		23c. DATE SIGNED <u>3/30/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-30-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HORNERSVILLE</u>		24d. LOCATION (City, town, or county) (State) <u>HORNERSVILLE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-2-57</u>		REGISTRAR'S SIGNATURE <u>Sue Palenske</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EMERSON &amp; SON</u>		ADDRESS <u>JONESBORO, Ark.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH DEPARTMENT

DEPARTMENT ..... 4-8-52

COUNTY FILE NUMBER ..... 758

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 Tom T. Emerson

Licensed Embalmer No. 895

P. O. Address Janssboro

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.