

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19783

FILED MAY 24 1957

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 85- STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN SIKESTON			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SIKESTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb		d. STREET ADDRESS 340 PETTY (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last MICHAEL F Mc GHEE				4. DATE OF DEATH Month Day Year MAY 1 1957			
5. SEX M	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCTOBER 3 1956		9. AGE (In years last birthday) 6 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) SIKESTON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME FRED Mc GHEE				14. MOTHER'S MAIDEN NAME CLEO SPENCER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N N		16. SOCIAL SECURITY NO. N N		17. INFORMANT Address FRED Mc GHEE 340 PETTY SIKESTON, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes. Cause unknown							INTERVAL BETWEEN ONSET AND DEATH 20 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)
							DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ and last saw her _____ Death occurred at 12:45 A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Thelma C. Bechtelhoefer, M.D., Health Officer				22b. ADDRESS Benton Mo		22c. DATE SIGNED 5-14-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 2 1957	23c. NAME OF CEMETERY OR CREMATORY SIKESTON CEMETERY		23d. LOCATION (City, town, or county) (State) SIKESTON, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS ALVIN DOITSON 220 WEST 8TH SIKESTON, MO			25. DATE RECD. BY LOCAL REG. 5-15-57		26. REGISTRAR'S SIGNATURE Mrs Ella Hunter		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

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DATE RECEIVED MAY 21 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-105

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 Griff S. Marshall

Licensed Embalmer No. 446

P. O. Address St. Louis

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.