

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

State File No. **19784**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **97**

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

1. PLACE OF DEATH a. COUNTY SCOTT b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON c. LENGTH OF STAY (in this place) 3 Mos d. FULL NAME OF HOSPITAL OR INSTITUTION SHUFFIT NURSING HOME		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY SCOTT c. CITY OR TOWN SIKESTON d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 305 N. Ranney 10030	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) SINUARD c. (Last) MARSHALL		4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-23-1870
9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 5	IF UNDER 6 HRS. Days 1	IF UNDER 1 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Scott County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM HENRY SINUARD	
13b. MOTHER'S MAIDEN NAME SARAH HARRISON		14. NAME OF HUSBAND OR WIFE WILLIAM C. MARSHALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond C. Marshall Charleston, Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General debility		INTERVAL BETWEEN ONSET AND DEATH Months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis			
DUE TO (c) Generalized osteoarthritis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 450.0		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) m.	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>March, 1957</u> , to <u>June, 1957</u> , that I last saw the deceased alive on <u>June 1, 1957</u> and that death occurred at <u>4:58 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. D. Urban M. D.		23b. ADDRESS Sikeston	23c. DATE SIGNED 6-7-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/5/57	24c. NAME OF CEMETERY OR CREMATORY Blodgett Cemetery	24d. LOCATION (City, town, or county) (State) Blodgett, Missouri
DATE REC'D BY LOCAL REG. 6-7-57	REGISTRAR'S SIGNATURE Margaret Hender	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles H. Nunnelee Nunnelee Chapel Sikeston	

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DATE RECEIVED JUN 10 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 657-117

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 Philip J. Cassidy.....

Licensed Embalmer No. 4610

P. O. Address Sikeston, Mo.

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.