

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

FILED SEP 6 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
 10051

Registration District No. 333 Primary Registration District No. 3804 Registrar's No. 153

| | | | | | | | | |
|--|----------------------------------|---|--|--|--|--|---|--|
| 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) 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) 402 West Gladys | | | Length of stay in lb 4 Yrs. | d. STREET ADDRESS (If outside, give location) 402 West Gladys | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) LOTTIE HARDIN CRIDER | | | | First | Middle | Last | 4. DATE OF DEATH Aug. 27, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Sept. 24, 1888 | | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 11 Days 3 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 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 country) Scott County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME William Hardin | | | | 14. MOTHER'S MAIDEN NAME Josephine Gordon | | | | |
| 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. None | | 17. INFORMANT David P. Crider Address Sikeston, Missouri | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Arteriosclerotic Cardiovascular Disease 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) 4201 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 _____ a. m. _____ p. m. Month, Day, Year _____ | | | | | | | | |
| 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 Sikeston, Missouri | | | 20g. STATE MISSOURI | |
| 21. I attended the deceased from 7-30-57 to 8-27-57 and last saw ^{her} / _{him} alive on 8-27-57 Death occurred at 6:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>Alfred S. Berger</i> M. D. | | | | 22b. ADDRESS Sikeston, Missouri | | 22c. DATE SIGNED 8-30-57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8-30-57 | 23c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery | | 23d. LOCATION (City, town, or county) (State) Charleston, Missouri | | | |
| 24. FUNERAL DIRECTOR Nunnelee Funeral Chapel Sikeston | | | | 25. DATE RECD. BY LOCAL REG. 8-29-57 | | 26. REGISTRAR'S SIGNATURE <i>Miss E. A. Hunter</i> | | |

DATE RECEIVED **SEP 3 1957**

SCOTT CO. HEALTH DEPT.

CO. FILE No. **957-188**

X

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Philip J. Cassidy*

Licensed Embalmer No..... 4

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.