

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30555

FILED SEP 13 1957

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6113 Registrar's No. 154

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 type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sikeston,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resident		Length of stay in lb 5 yrs	d. STREET ADDRESS Rural		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Maryella Middle xxxx Last Taylor			4. DATE OF DEATH Month 9 Day 1 Year 1957		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 10, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Tenn	
13. FATHER'S NAME Sam Paterson			14. MOTHER'S MAIDEN NAME Ophelia Winn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT Hezillah Mackley Sikeston Mo Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease years DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 2 wks
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.) 443x			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION _____		20f. COUNTY _____ STATE _____	
21. I attended the deceased from 8/28 to 9-1 and last saw her alive on 8/28/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print or title) Ralph Franklin, M. D.			22b. ADDRESS Morehouse, Mo		22c. DATE SIGNED 9/3/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-6-57	23c. NAME OF CEMETERY OR CREMATORY Little Lake		23d. LOCATION (City, town, or county) (State) Woodstock, Tenn
24. FUNERAL DIRECTOR United Funeral Services Memphis		ADDRESS 93		25. DATE RECD. BY LOCAL REG. 9-3-57	26. REGISTRAR'S SIGNATURE Mr. C. A. Hunter

(Licensed Embalmer's Statement on Reverse Side)

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dicator, coroner, etc., must use only ribbon type. Coroner cannot certify to a death due to natural causes. 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
9 0

DATE RECEIVED SEP 9 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 957-193

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 Fred J. Smith

Licensed Embalmer No. 44

P. O. Address St. East

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.