

FILED DEC 17 1957

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 208

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 type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Length of stay in lb 3 yr.		d. STREET ADDRESS 223 Young St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Ida XXXXXXXXXX Harris				4. DATE OF DEATH 11. 15. 1957		Month 11 Day 15 Year 1957			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 21, 1900			
9. AGE (In years last birthday) 57				IF UNDER 1 YEAR Months 0 Days 24 Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXXXXXXXXXX			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Barney Lee				14. MOTHER'S MAIDEN NAME Eddie Lee					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXXX XXXXXXXX			16. SOCIAL SECURITY NO. 500.42.3787		17. INFORMANT Seamore Harris			Address 223 Young St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis (mild attack 5 hrs. before death) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 15 Min		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201							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 _____ 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 First call after death and last saw her/him alive on _____ Death occurred at 11:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Idma C. Buckthorpe, M.D. Health Officer					22b. ADDRESS Benton Mo		22c. DATE SIGNED 11-26-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-24-57		23c. NAME OF CEMETERY OR CREMATORY Smith West End Land		23d. LOCATION (City, town, or county) (State) West of Sikeston, Mo.			
24. FUNERAL DIRECTOR Fred J. Smith			ADDRESS 1212 Maul		25. DATE RECD. BY LOCAL REG. 11-27-57		26. REGISTRAR'S SIGNATURE Max E. Hunter		

DATE RECEIVED DEC 9 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-249

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. 446

P. O. Address Sikeston

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.