

Health,
& Welfare
Public
Service

S. 300
v. 1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death of natural causes.

FILED DEC 17 1957

STANDARD CERTIFICATE OF DEATH

46967
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Matthews</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hosp.</u>			Length of stay in lb <u>9 hrs.</u>	d. STREET ADDRESS <u>Rt. # 3</u>			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Melvina</u> Middle <u>-</u> Last <u>McBee</u>				4. DATE OF DEATH Month <u>12</u> Day <u>4</u> Year <u>1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Como, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George Hood</u>				14. MOTHER'S MAIDEN NAME <u>?</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>Viola Smith, Granddaughter, Memphis, Tenn</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>About 8 hrs.</u>
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) <u>4201</u>
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 <u>8:00</u> Month <u>12</u> Day <u>4</u> Year <u>1957</u> a. m. <u>P.</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21: I attended the deceased from <u>12-4-57</u> to <u>12-4-57</u> and last saw her <u>from</u> alive on <u>12-4-57</u> Death occurred at <u>8:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. D. Urban, M.D.</u>				22b. ADDRESS <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>12/7/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Matthews Chapel</u>		23d. LOCATION (City, town, or county) <u>Como</u>		(State) <u>Miss.</u>
24. FUNERAL DIRECTOR <u>Fred Smith</u>			ADDRESS <u>1215 Maul St.</u>		25. DATE REC'D. BY LOCAL REG. <u>12-7-57</u>	26. REGISTRAR'S SIGNATURE <u>Madeline Hunter</u>	

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED DEC 9 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-253

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. 440

P. O. Address Likatan

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.