

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
46973

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 Mo. 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 checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 233 Young		Length of stay in lb 3 1/2 YRS	d. STREET ADDRESS 233 Young		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) RICHARD			4. DATE OF DEATH		
First Middle Last			Month Day Year		
RICHARD			NOV. 19 1957		
5. SEX MALE	6. COLOR OR RACE COL	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 2 1900	9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) LITTLE ROCK ARK		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
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 Name Kate Willis, 233 YOUNG		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Glomerulonephritis.					INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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, Year 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		STATE
21. I attended the deceased from 9-28-57 to 11-6-57 and last saw him alive on 11-6-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas C. McClure, M.D.			22b. ADDRESS Mo. Sikeston, Mo. 12-3-57		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 28 1957	23c. NAME OF CEMETERY OR CREMATORY SUNSET		23d. LOCATION (City, town, or county) (State) SIKESTON MO
24. FUNERAL DIRECTOR ALVIN DOTSON		ADDRESS SIKESTON MO 2-10-57		25. DATE RECD. BY LOCAL REG. 2-10-57	
26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

S. 300
1-56

4-29

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED

DEC 16 1957

337220

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-256

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 T. J. Maslow

Licensed Embalmer No. 460

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.