

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1958

Registration District No.

333

Primary Registration District No.

6111

STATE FILE NUMBER

Registrar's No.

223

46974

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 Commerce				c. CITY OR TOWN Commerce			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence				d. STREET ADDRESS Commerce			
3. NAME OF DECEASED (Type or print) Cora				4. DATE OF DEATH 12, 23, 1957			
5. SEX Female				6. COLOR OR RACE Colored			
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐				8. DATE OF BIRTH Jan. 13-1869			
9. AGE (In years last birthday) 88				10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 11 Days 21 Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX				10b. KIND OF BUSINESS OR INDUSTRY Housewife			
11. BIRTHPLACE (City and state or country) Commerce, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A			
13. FATHER'S NAME Andy Hall				14. MOTHER'S MAIDEN NAME Sarah Scott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT Modder Elliott				Address Commerce, 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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Arteriosclerosis 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 5 days
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				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 ☐ NOT WHILE AT WORK ☐				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION Commerce				COUNTY Scott STATE Missouri			
21. I attended the deceased from March 31-55 to Dec. 18-57 and last saw her alive on Dec. 18-1957 Death occurred at 12:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Fred W. Martin D.O.				22b. ADDRESS 111 Mo. Mo			
22c. DATE SIGNED Dec. 24-57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried				23b. DATE 12-27-57			
23c. NAME OF CEMETERY OR CREMATORY Commerce Cem.				23d. LOCATION (City, town, or county) (State) West Commerce, Mo.			
24. FUNERAL DIRECTOR Fred J. Smith				25. DATE RECD. BY LOCAL REG. 12-30-57			
26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter							

DATE RECEIVED JAN 6 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-1

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 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.