

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

4116  
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Scott</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Sikeston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community</b>			Length of stay in lb <b>2 Hrs.</b>		d. STREET ADDRESS <b>419 Edmonson</b> (If outside, give location)
3. NAME OF DECEASED (Type or print) First <b>Maude</b> Middle <b>Mildred</b> Last <b>Largent</b>			4. DATE OF DEATH Month <b>1</b> Day <b>31</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-1-1914</b>	9. AGE (In years (last birthday)) <b>43</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caseworker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Welfare</b>		11. BIRTHPLACE (City and state or country) <b>Malden, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>William Smith</b>			14. MOTHER'S MAIDEN NAME <b>Maude Welty</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-18-5196</b>		17. INFORMANT <b>Husband, E.R.Largent, Sikeston, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 Hrs.</b>
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) <b>331X</b>					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 _____ 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.) <b>1. 31. 58</b>		20f. CITY, TOWN, OR LOCATION <b>Sikeston, Missouri</b>	
21. I attended the deceased from <b>1. 31. 58</b> to <b>1-31-1958</b> and last saw her alive on <b>1-31-1958</b> Death occurred at <b>7:50 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Carl G. Papp</b> (Degree or title)			22b. ADDRESS <b>217 S. Kingshighway, Sikeston, Mo.</b>		22c. DATE SIGNED <b>1. 31. 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-2-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Garden of Mrrories</b>	
				23d. LOCATION (City, town, or county) (State) <b>Sikeston, Missouri</b>	
24. FUNERAL DIRECTOR <b>Philip J. Casady</b> Nunnelee Funeral Chapel Sikeston Mo. (Licensed Embalmer's Statement on Reverse Side)			25. DATE RECD. BY LOCAL REG. <b>2-5-58</b>		26. REGISTRAR'S SIGNATURE <b>Miss. Elda Hunter</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE RECEIVED FEB 10 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 258-41

MAY 8 1958

FEB 21 1958

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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 *Philip J. Cassely*  
Licensed Embalmer No. 4618

P. O. Address Sikeston,

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.