THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4123
STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 339 Primary Registration District No. 3074 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Delta Hosp — Length of stay in Hospital 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY New Madrid
c. CITY OR TOWN Morehouse — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First Ollie Lee Middle Last Smithpeters
4. DATE OF DEATH: Month 1 Day 7 Year 1958
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-4-1887
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wesley Francis
14. MOTHER'S MAIDEN NAME: Mary Evans
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: James Smithpeters Address Garden City, Michigan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 2 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 a. m. p. m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from 8/57, to 1/7/58 and last saw her/him alive on 1/6/58
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) Ralph Franklin, M.D.
22b. ADDRESS Morehouse, Mo
22c. DATE SIGNED 1/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-8-1958
23c. NAME OF CEMETERY OR CREMATORY Gardens Memories
23d. LOCATION (City, town, or county) Sikeston (State) Mo.

24. FUNERAL DIRECTOR Robertson Funeral Home
ADDRESS Sikeston, Mo
25. DATE RECD. BY LOCAL REG. 1-8-58
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED JAN 13 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 26

P. O. Address Oran,

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.