

FILED MAR 7 - 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 32

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>Scott</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>Sikeston,</u> 103
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Resident</u>		Length of stay in hospital <u>3 Months</u>	d. STREET ADDRESS <u>1411 Washington</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Sidney</u> Middle <u>XXXXXXX</u> Last <u>Chalmers</u>		4. DATE OF DEATH Month <u>2</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov, 5th 1957</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Month <u>3</u> Day <u>19</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXX</u>	11. BIRTHPLACE (City and state or country) <u>1411 Washington St</u> 12. CITIZEN OF WHAT COUNTRY? <u>U, S, A</u>
13. FATHER'S NAME <u>Henry Chalmers</u>		14. MOTHER'S MAIDEN NAME <u>Ella Mae Brown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>XXXXXX</u>		16. SOCIAL SECURITY NO. <u>XXXXX</u>	17. INFORMANT Address <u>Henry Chalmers 1411 Washington, S</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>Broncho Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</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>491X</u>			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 _____ 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	COUNTY _____ STATE _____
21. I attended the deceased from <u>2-24</u> to <u>2-24-58</u> and last saw him alive on <u>2-24-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thomas C. W. Allen, Jr.</u>		22b. ADDRESS <u>Sikeston, Mo.</u>	22c. DATE SIGNED <u>2-25-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-25-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court West of Sikeston</u>	23d. LOCATION (City, town, or county) (State) <u>MO.</u>
24. FUNERAL DIRECTOR <u>Fred Smith 1212 Main St</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-58</u>	26. REGISTRAR'S SIGNATURE <u>Max Elmer Humber</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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rice1003  
1MEDICAL CERTIFICATION  
Birth # 622

DATE RECEIVED MAR 3 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-56

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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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fred J. Smith*

Licensed Embalmer No. *445*

P. O. Address *St. Louis*

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.