

FILED MAR 7 - 1958

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-008489

STATE FILE NUMBER

 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 36

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>New Madrid</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>Morehouse</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hosp.</u>		Length of stay in 1b <u>18 Days</u>	d. STREET ADDRESS (If outside, give location) <u>—</u>
			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Michael</u> Middle <u>Dwayne</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>2</u> Day <u>21</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>7-7-1957</u>		9. AGE (In years last birthday) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Sikeston, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Smith</u>			14. MOTHER'S MAIDEN NAME <u>Ruth McIntyre</u>		
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 <u>Ruth Smith, Morehouse, Mo.</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>Myocardial, acute myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</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)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
<u>Emphysema, Post myocardial</u>					
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 <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>					
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>6-3-58</u> to <u>6-11-58</u> and last saw ^{her} him alive on <u>6-11-58</u> Death occurred at <u>1:35 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. D. Wartin MD</u> (Degree or title)		22b. ADDRESS <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>6-27-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-23-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Essex Cemetery</u>	
				23d. LOCATION (City, town, or county) (State) <u>Essex, Missouri</u>	
24. FUNERAL DIRECTOR OR ADDRESS <u>Edward E. Nunnelee</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-58</u>		26. REGISTRAR'S SIGNATURE <u>Maxella Hunter</u>	
<u>Nunnelee Funeral Chapel Sikeston, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED MAR 3 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-60

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 *Philip J. Cassidy*.....
Licensed Embalmer No.....

P. O. Address *Sikes*.....

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.