

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012897

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>1030</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bell City, Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Rural Rout</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>Residence</b>			Length of stay in lb <b>25</b>	d. STREET ADDRESS (If outside, give location) <b>Rural Rout</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Della</b> Middle <b>XXXXXXXXXX</b> Last <b>Lester</b>				4. DATE OF DEATH Month <b>3th</b> Day <b>11</b> Year <b>1958</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</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>6, 10, 1913</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>1</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXXXX</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Mississippi /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U, S, A</b>	
13. FATHER'S NAME <b>Elex Vaughns</b>				14. MOTHER'S MAIDEN NAME <b>Ella Sanders</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>XXXXX XXXXXA</b>		16. SOCIAL SECURITY NO. <b>426, 54, 5318</b>		17. INFORMANT <b>Cedel Lester</b> Address <b>Bell City, Mo., R.</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>Pneumonia and pleurisy</b> DUE TO (b) <b>from her pleurisy</b> DUE TO (c) <b>legs.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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.) <b>463X</b>				
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>			<b>2</b>				
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 <b>4/3/58</b> to <b>3/11/58</b> and last saw her alive on <b>2/24/58</b> . Death occurred at <b>12:30 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>J. H. Kevin MD</b>				22b. ADDRESS <b>Capoguardian</b>		22c. DATE SIGNED <b>3/11/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>3-16-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Carpenters</b>		23d. LOCATION (City, town, etc.) (State) <b>N. W. Sikeston, Mo.</b>		
24. FUNERAL DIRECTOR <b>Fred J. Smith</b> ADDRESS <b>12110 Maud St</b>			25. DATE RECD. BY LOCAL REG. <b>3-10-58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. George L. Baker</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 18 1958

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. *544*

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.