

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017020

STATE FILE NUMBER

72

FILED MAY 5 1958

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston		1003 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffitt Nursing Home			Length of stay in 1b 3 Weeks	d. STREET ADDRESS 623 North Ranney (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SOPHIA Middle CATHERINE Last WITT				4. DATE OF DEATH Month April Day 14 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 26, 1876		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 2 Days 18 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) New Hamburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Mier				14. MOTHER'S MAIDEN NAME Catherine Metz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Mabel Marshall Charleston, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ess. Hypertension DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Gen. arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 24 hours?
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 <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 March 1958 to 4-14-58 and last saw her ^{her} _{him} alive on 4-14-58 Death occurred at 3 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. D. Urban M. D.				22b. ADDRESS Sikeston, Missouri		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-16-58	23c. NAME OF CEMETERY OR CREMATORY Guardian Angel Cemetery		23d. LOCATION (City, town, or county) Oran, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Funeraria Funeral Chapel Sikeston, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 4-25-58		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED

APR 28 1958

SCOTT CO. HEALTH DEPT.

GO. FILE NO. 458-100

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. Cassidy*
Licensed Embalmer No. 461

P. O. Address Sikeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.