

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020610  
STATE FILE NUMBER

health, Welfare Public Service  
 300  
 1-56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be listed. All  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 19 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 82

1003

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Sikeston</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Sikeston</b> <u>10030</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp.</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm <b>239 E. Gladys St.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Alma</b> Middle <b>—</b> Last <b>Laster</b>			4. DATE OF DEATH Month <b>5</b> Day <b>2</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10-6-1906</b>
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>Sikeston, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Kernel K. Early</b>	
14. MOTHER'S MAIDEN NAME <b>Molly Newman</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>493-09-5919</b>		17. INFORMANT Address <b>Mamie Smith, Sikeston, Mo.</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>Acute Myocardial Insufficiency</b> DUE TO (b) <b>Hypertension Essential, Severe</b> DUE TO (c) <b>444X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>① Uremia ② Hemiplegia, Rt. ③ Pulmonary Edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> <b>UNKNOWN</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		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		CITY, TOWN, OR LOCATION	
20g. COUNTY		COUNTY	
20h. STATE		STATE	
21. I attended the deceased from <b>4-28-58</b> to <b>5-2-58</b> and last saw her alive on <b>5-1-58</b> Death occurred at <b>6:15 A. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles B. Smith M.D.</b>		22b. ADDRESS <b>Sikeston, Mo.</b>	
22c. DATE SIGNED <b>5-3-58</b>		22d. SIGNATURE <b>Mrs. Ella Hunter</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-5-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Sikeston City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sikeston, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Funeral Chapel Sikeston</b>		25. DATE RECD. BY LOCAL REG. <b>5-8-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAY 12 1958

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 558-113

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

Student.....  
Signature of Student Embalmer

Signed Philip J. Casely  
Licensed Embalmer No. 46

P. O. Address Sebaston

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.