

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027901

FILED AUG 1 1958

STATE FILE NUMBER, 143

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Sikeston</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>Mo. Delta Comm. Hosp.</b>			Length of stay in 1b <b>2 Mo.</b>	d. STREET ADDRESS (If outside, give location) <b>106-A Center St.</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Opal</b> Middle <b>C</b> Last <b>Heisler</b>				4. DATE OF DEATH Month <b>7</b> Day <b>19</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>11-30-1888</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> 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>Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. Store</b>		11. BIRTHPLACE (City and state or country) <b>Scott Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Edward Cook</b>				14. MOTHER'S MAIDEN NAME <b>Sadie Shields</b>			
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 Address <b>Mr. D. E. Heisler, Memphis, Tenn.</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>BRONCHO PNEUMONIA</b> DUE TO (b) <b>CER. VASCULAR ACCIDENT</b> DUE TO (c) <b>GEN. ART. SCLEROSIS</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1) <b>Ess. HYPERTENSION</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 days</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.) <b>331X</b>				
20c. TIME OF INJURY Hour <b>11:35</b> Month <b>Dec.</b> Day <b>1957</b> Year <b>1957</b> a. m. <b>11:35</b> 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 <b>Sikeston, Mo.</b>	
21. I attended the deceased from <b>Dec. 1957</b> to <b>July 1958</b> and last saw her <b>7.19.58</b> alive on <b>7.19.58</b> Death occurred at <b>11:35</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
22a. SIGNATURE <b>Carl G. Rapp M.D.</b>				22b. ADDRESS <b>Sikeston, Mo.</b>		22c. DATE SIGNED <b>7.20.58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>DIALIC</b>	23b. DATE <b>7-22-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		23d. LOCATION (City, town, or county) <b>SIKESTON MO</b>		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS <b>Welch Funeral Home - Sikeston Mo</b>				25. DATE RECD. BY LOCAL REG. <b>July 26-58</b>		26. REGISTRAR'S SIGNATURE <b>Marjella Hunter</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED

7-28-58

696: 0 8 347

SCOTT CO. HEALTH DEPT.

CO. FILE No.

758-189

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 Raymond Crews

Licensed Embalmer No. 34

P. O. Address Leicester

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.