

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031455
STATE FILE NUMBER

FILED SEP 11 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 165

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S. 300
1-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Charleston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffet Nursing Home L Mo		d. STREET ADDRESS (If outside, give location) Charleston, Mo.	

3. NAME OF DECEASED (Type or print) First Middle Last Thomas Lacy Council			4. DATE OF DEATH Month Day Year Aug 14, 1958		
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5. SEX Male	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 Aug 21, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and state or country) Smithland, Ky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. H. Council	13b. MOTHER'S MAIDEN NAME Betty Todd	14. NAME OF HUSBAND OR WIFE Lucy Ellen Council
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-26-8748	17. INFORMANT Forrest Council	Address Charleston, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis 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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a.m. Month, Day, Year 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 Sikeston	COUNTY Mississippi	STATE Missouri
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21. I attended the deceased from **7-28-58** to **9-14-58** and last saw ^{her} _{him} alive on **9-14-58**
Death occurred at **10:45 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. D. Urban M.D.	(Degree or title)	22b. ADDRESS Sikeston	22c. DATE SIGNED 9-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/16/58	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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24. FUNERAL DIRECTOR Mc Mickle	ADDRESS Charleston, Missouri	25. DATE RECD. BY LOCAL REG. 9-3-58	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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DATE RECEIVED 9-8-58

OCT 17 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 958-215

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 Blair Thompson

Licensed Embalmer No. 4695

P. O. Address Charleston

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.