Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-004498
STATE FILE NUMBER

MAR 16 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 115

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): University of Mo. Medical Records — Length of stay in 1b: 2 wks +

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN: Sikeston — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 224 Young St. — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: Isabelle — Middle: PeGues — Last: Moore

**4. DATE OF DEATH**: Month 3 Day 11 Year 59

**5. SEX**: Female

**6. COLOR OR RACE**: Negro

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

**8. DATE OF BIRTH**: 5-7-93

**9. AGE** (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Oxford Miss.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Bob PeGues

**13b. MOTHER'S MAIDEN NAME**: Hester Downar

**14. NAME OF HUSBAND OR WIFE**:

**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: University of Mo. Medical Records

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): ? Aspiration pneumonia and/or

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ? pulmonary edema. — ?

DUE TO (c): Arteriosclerotic c-v disease. 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus, gangrene left foot - infection

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**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. p.m.: 4:10 pm — Month, Day, Year: 3/11/1959

**20d. INJURY OCCURRED WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐

**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 2/28/59, to 3/11/59 and last saw her/him alive on 12 MN

Death occurred at 4:10 pm 3/11/59 on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): J S Sanders MD

**22b. ADDRESS**: University of Mo. Med Center

**22c. DATE SIGNED**: 3/11/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE**: Mar 11 1959

**23c. NAME OF CEMETERY OR CREMATORY**: Smith West End Funeral

**23d. LOCATION** (City, town, or county): Sikeston (State): Mo.

**24. FUNERAL DIRECTOR**: Fred J. Smith — ADDRESS: 1212 Maud Sikeston Mo

**25. DATE RECD. BY LOCAL REG.**: Mar 11 1959

**26. REGISTRAR'S SIGNATURE**: Mrs RE Palmer

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1959

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 S. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston M

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.