

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038586

FILED VS OCT 1 6 1959

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 170

MAILED

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		c. CITY OR TOWN <u>SIKESTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SHUFFITT'S NURS. HOME</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>MITTIE</u> Middle <u>FRANCES</u> Last <u>ACORD</u>		4. DATE OF DEATH Month <u>9</u> Day <u>28</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-11-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) <u>86</u>
11. BIRTHPLACE (City and state or country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN SHERRY</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA PAGE</u>		14. NAME OF HUSBAND OR WIFE <u>B. F.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. —		17. INFORMANT <u>A. E. George Sikeston Mo R#3</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probably stroke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>at once</u> <u>15 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u>		
DUE TO (c) —		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>				

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 <u>SIKESTON</u>	COUNTY <u>MO</u>	STATE <u>MO</u>
21. I attended the deceased from <u>Aug 1957</u> to <u>28 Sept 59</u> and last saw her alive on <u>20 Aug 59</u> Death occurred at <u>6:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>H. B. Thagmorton</u>		22b. ADDRESS <u>SIKESTON, MO</u>		22c. DATE SIGNED <u>200839</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>	23d. LOCATION (City, town, or county) <u>SIKESTON</u>	(State) <u>MO</u>
24. FUNERAL DIRECTOR <u>Welsh Funeral Home - Sikeston Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-6-59</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Ella Hunter</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 G. Grew

Licensed Embalmer No. 3469

P. O. Address St. Kingston

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.