

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043018

Birth # 265 FILED VS. NOV 30 1959
 Registration District No. 333 Primary Registration District No. 3077 Registrar's No. 208

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Mo b. COUNTY Scott									
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Length of stay in 1b		c. CITY OR TOWN Sikeston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R-7-D-4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First VICKY Middle DEANN Last DAVIS				4. DATE OF DEATH Month 11 Day 10 Year 1959									
5. SEX Female		6. COLOR OR RACE W.		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-16-1957		9. AGE (last birthday) 2		IF UNDER 1 YEAR Months 6 Days 24		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Sikeston, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Clyde Davis				13b. MOTHER'S MAIDEN NAME Marie Graves				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 Clyde Davis - Sikeston, Mo Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diphtheria Acute										INTERVAL BETWEEN ONSET AND DEATH Unknown			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. _____ p.m. Month, Day, Year _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 11-10-59 to 11-10-59 and last saw her/him alive on 11-10-59 Death occurred at 3:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Alden Bargeant MD						22b. ADDRESS Sikeston, Mo.			22c. DATE SIGNED 11-13-59				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-12-1959		23c. NAME OF CEMETERY OR CREMATORY Silent Hill Cem.				23d. LOCATION (City, town, or county) (State) Rt. 4 - Sikeston, Mo					
24. FUNERAL DIRECTOR Albritton Funeral Home Sikeston, Mo				25. DATE RECD. BY LOCAL REG. 11-16-59		26. REGISTRAR'S SIGNATURE Mrs. Clara Hunter							

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 L. Duffie

Licensed Embalmer No. 4798

P.O. Address Bernie Mo.

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.