

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043025

FILED VS DEC 10 1959 3:3

STATE FILE NUMBER

Registration District No. 3074 Primary Registration District No. 217 Registrar's No.

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 36 YRS	c. CITY OR TOWN SIKESTON		
c. FULL NAME OF (If NOT in hospital, give location) Mo. Delta Community Hospital		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 209 LUTHER		
3. NAME OF DECEASED (Type or print) DELLA		First	Middle	Last MARSHALL	
4. DATE OF DEATH 10 30 1959		Month	Day	Year	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-27-1899	9. AGE (last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) BISCOE ARK.	12. CITIZEN OF WHAT COUNTRY U-S-A	
13a. FATHER'S NAME SHERMAN BRYANT		13b. MOTHER'S MAIDEN NAME CLARA DUDLEY		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) NO		16. SOCIAL SECURITY NO. 494-28-2016	17. INFORMANT Address WS COBURN, CHICAGO, ILL.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Unknown causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity			PART III. If deceased was female was there a pregnancy last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 March 1959 to Oct. 30, 1959 and last saw her/him alive on October 29, 1959 Death occurred at 9:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not sign in title) Thomas Mattrip, M.D.		22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 11-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) 11-4-1959	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY SUNSET	23d. LOCATION (City, town, or county) (State) SIKESTON, MO.		
24. FUNERAL DIRECTOR ADDRESS ALVIN DOTSON, SIKESTON, MO. 11-3-59		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Miss Ella Hunter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1950

1950

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

Tris S. Marbace

Licensed Embalmer No. 4601

P. O. Address Superior

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.