

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 19 1959

59-043030

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 206

ENDED

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b		c. CITY OR TOWN Matthews		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 type="checkbox"/>		d. STREET ADDRESS Route one		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ORVILLE Middle CLINT Last WALLS				4. DATE OF DEATH Month 11 Day 8 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-8-1908		9. AGE (last birthday) 51		IF UNDER 1 YEAR Months 3 Days 0		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME George Walls				13b. MOTHER'S MAIDEN NAME Martha McQueen				14. NAME OF HUSBAND OR WIFE Ether Walls					
15. WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 431-22-4980		17. INFORMATION Ether Wall - Matthews, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBACUTE BACTER. ENDOCARDITIS DUE TO (b) ART. SCLER. HEART DISEASE DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHO PNEUMONIA										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 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 1958 to 11.8.59 and last saw her/him alive on 11.8.59 Death occurred at 4:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Carl G. Topp (Name or title)				22b. ADDRESS Sikeston, Mo.				22c. DATE SIGNED 11.10.59					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-10-1959		23c. NAME OF CEMETERY OR CREMATORY Matthews Cem.		23d. LOCATION (City, town, or county) (State) Matthews, Mo.							
24. FUNERAL DIRECTOR Al Britton Funeral Home Sikeston, Mo				25. DATE RECD. BY LOCAL REG. 11-12-59		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

6561 6 T AON SA

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. Duggan

Licensed Embalmer No. 4798

P. O. Address Bernie 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.