

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS APR 11 1960

60-013822
 STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 95

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Scott		Length of stay in 1b		a. STATE Mo		b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston				c. CITY OR TOWN SIKESTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 Ruth St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MADGE Middle ESTELLE Last DAVIS				4. DATE OF DEATH Month 3 Day 6 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-17-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPING		10b. KIND OF BUSINESS OR INDUSTRY AUDITING FIRM		11. BIRTHPLACE (City and state or country) CARTERVILLE ILL.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES C. DAVIS			13b. MOTHER'S MAIDEN NAME ANNA MAE WINSTEAD		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. —		17. INFORMANT Marjorie McCoy - Sikeston Mo Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Massive Pulmonary Embolism							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) A C V Disease							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Virus infection						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	
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 Month, Day, Year a.m. p.m.							
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 2-26-60 to 3-6-60 and last saw her/him alive on 3-6-60 Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edwin Sargent MD				22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 4-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-8-60	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) SIKESTON MO (State)			
24. FUNERAL DIRECTOR Welch Funeral Home - Sikeston Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 4-9-60		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston

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.