

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020077

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 3074 Registrar's No. 93

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY: Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sikeston		Length of stay in lb: 36 yr.	c. CITY OR TOWN: Sikeston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Resident		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): Allen Blvd.
3. NAME OF DECEASED (Type or print) First: Walter Middle: XXXXXXXXXX Last: Shoats		4. DATE OF DEATH Month: May Day: 27 Year: 1961	
5. SEX: Male	6. COLOR OR RACE: Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: 2-11-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Labor		10b. KIND OF BUSINESS OR INDUSTRY: Common Labor	9. AGE (last birthday): 56
11. BIRTHPLACE (City and state or country): Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: Eligah Shoates		13b. MOTHER'S MAIDEN NAME: Mattie Lee Leeks	
14. NAME OF HUSBAND OR WIFE: None		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: Clara Shoates Sikeston, 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: Lloyd Poe (Degree or title)		22b. ADDRESS: Sikeston Mo	
22c. DATE SIGNED: 6/1/61			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 5.31.1961	23c. NAME OF CEMETERY OR CREMATORY: Smith West End Court.	23d. LOCATION (City, town, or county) (State): West of Sikeston, Mo.
24. FUNERAL DIRECTOR ADDRESS: Smith Funeral Home Sikeston, Mo.		25. DATE RECD. BY LOCAL REG.: June 1-61	26. REGISTRAR'S SIGNATURE: Miss Ella Hunter

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1961 9 NNC SA

EMBALMER

NO. 1111

NO. 1111-5

NO. 1111

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address. Wickston

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.