MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043306
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 227

FILED NOV 27 1961

1. PLACE OF DEATH
a. COUNTY Scott.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No Delta Community Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY New Madrid.
c. CITY OR TOWN Matthews R3. Bx. 246
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) S. W. of Matthews 8 Mi.
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Rosie Middle Lee Last Evans
4. DATE OF DEATH Month Nov. Day 11 Year 61
5. SEX Female
6. COLOR OR RACE C
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/11/61
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 1 Min. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) None
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 Unk.
13b. MOTHER'S MAIDEN NAME Bertha Evans
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Jettie B. Nesbitt Address Matthews R3. Bx 246

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity (26 wks gestation)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/11/61, to 11/11/61 and last saw her alive on 11/11/61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles C. Reeder M.D. (Degree or title)
22b. ADDRESS New Madrid, Mo.
22c. DATE SIGNED 14 Nov 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/21/61
23c. NAME OF CEMETERY OR CREMATORY Sandbill
23d. LOCATION (City, town, or county) (State) New Madrid, Mo.
24. FUNERAL DIRECTOR Richards Funeral Home, Inc. ADDRESS New Madrid, Mo.
25. DATE RECD. BY LOCAL REG. 11-19-1961
26. REGISTRAR'S SIGNATURE Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

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. Not Embalmed.

Student_____ Signed Leo Hedgepith

Signature of Student Embalmer

Licensed Embalmer No. 3803

no permit

P. O. Address New Madrid

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.