

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002967

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 25 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY Pemiscot  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (if not in hospital, give location) HOSPITAL OR INSTITUTION 204 W. Madison St. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)  
 a. STATE Mo. b. COUNTY Pemiscot  
 c. CITY OR TOWN Hayti Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 204 W. Madison St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Sandra Faye Sykes  
 4. DATE OF DEATH Month Day Year 1-17-1962  
 5. SEX Female 6. COLOR OR RACE Col Negro 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9-25-61 9. AGE (last birthday) 1 IF UNDER 1 YEAR Months 3 Days 22 IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Hayti, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Sykes, Jr. 13b. MOTHER'S MAIDEN NAME Esther W. Sykes 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 Esther W. Sykes, Hayti, Mo. Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 - IMMEDIATE CAUSE (a) Pneumonia - Virus INTERVAL BETWEEN ONSET AND DEATH 5 days  
 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.  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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ s.m. \_\_\_\_\_ p.m. \_\_\_\_\_  
 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 1-15-62 to 1-17-62 and last saw  alive on 1-16-62  
 Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS Hayti, Mo. 22c. DATE SIGNED 1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-20-1962 23c. TERY OR CREMATORY Rising Star Cemetery 23d. Hayti, Mo. (county) (State) Mo.  
 24. FUNERAL DIRECTOR J. S. Smith ADDRESS Hayti, Mo. 25. DATE RECD. BY LOCAL REG. 1-23-62 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Caruthersville

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.