

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049226

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 272

FILED DEC 18 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	
Length of stay in lb <u>27 Yrs.</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>100 Dixie St.</u>		d. STREET ADDRESS (If outside, give location) <u>100 Dixie St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Ellen</u> Middle Last <u>Preston</u>		4. DATE OF DEATH Month <u>12</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/10/1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Midwife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Midwife</u>	11. BIRTHPLACE (City and state or country) <u>Scotts, Miss.</u>
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Josephine Smith, Sikeston, Mo.</u>		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) <u>Cerebral vascular accident</u> DUE TO (b) <u>Arteriosclerotic cardiovascular disease unknown</u> DUE TO (c) <u>—</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	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 <u>Sikeston</u> COUNTY <u>—</u> STATE <u>—</u>
21. I attended the deceased from <u>Dec 2 1962</u> to <u>Dec 4 1962</u> and last saw her alive on <u>Dec 4, 1962</u> Death occurred at <u>12:30</u> a <u>—</u> m on the date stated above, and to the best of my knowledge, from the cause stated.		22a. SIGNATURE (Degree or title) <u>John P. Sargent MD</u>	
23a. BURNED, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/9/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset of Memory</u>
24. FUNERAL DIRECTOR <u>Alvin Dotson, Sikeston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 14-1962</u>	26. REGISTRAR'S SIGNATURE <u>Jennette Waldman</u>
23d. LOCATION (City, town, or county) <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>12-7-62</u>	

DEC 19 1962

Permit renewed Dec 5 - 1962

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 Willie R. Davis

Licensed Embalmer No. 5128

P. O. Address Charleston

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.