

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038566

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 230

FILED OCT 4 1963

## 1. PLACE OF DEATH

a. COUNTY SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SIKESTONLength of stay in lb  
2 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION MO. DELTA COMMUNITY HOSP.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY MISSISSIPPI

c. CITY OR TOWN EAST PRAIRIE

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Gen. Del.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

SUSIE

AYCOCK

## 4. DATE OF DEATH

Month

Day

Year

9-25-63

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-14-1874

## 9. AGE (last birthday)

88

## IF UNDER 1 YEAR

Months Days Hours Min.

9 11

## IF UNDER 24 HR

Hours Min.

9 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Oak Harbor, Mich.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

William Williamson

## 13b. MOTHER'S MAIDEN NAME

Margarete Hess

## 14. NAME OF HUSBAND OR WIFE

Charles B. Aycock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
Unknown17. INFORMANT  
Eugene Aycock, East Prairie, 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)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PULMONARY EMBOLISM  
ART. SCLER. HEART DIS.INTERVAL BETWEEN  
ONSET AND DEATH  
Sudden

## 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 ☐ Unknown19. 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, Year20d. 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 March 1963 to 9-25-63 and last saw her alive on 9-25-63  
Death occurred at 12:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Printed or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9-28, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

W.O.W. Cemetery

## 23d. LOCATION (City, town, or county)

East Prairie, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Travis Shelby, East Prairie, Mo.

## 25. DATE RECD. BY LOCAL REG.

Sept 30 1963

## 26. REGISTRAR'S SIGNATURE

Jeanette Waldman

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1007

20671

3

4 1

5 2

6

7 1

8 0

94200

10

11

12 1-0

13 2-0

**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

*Travis Shelby Jr.*

Licensed Embalmer No.

*4940*

P. O. Address

*East Prairie, Mo.*

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.

*Permit issued 9-25-63*