No. 2
-9-4-41
5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT. 6 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31729

State File No.

Registration District No. 3 3 3

Primary Registration District No. 3074

Registrar's No. 20

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days - 20 hrs (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott

(c) City or town: Sikeston R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No.: —
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Burley Segraves

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Rosa Segraves

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: 3 (Month) 25 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	5	29	hr. min.

9. Birthplace: Randolph Co. (City, town, or county) Ark. (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Rufus Segraves
13. Birthplace: Randolph Co. (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name: Nancy Anderson
15. Birthplace: Randolph Co. (City, town, or county) Ark. (State or foreign country)

16. (a) Informant: Mrs. Willie Courber
(b) Address: Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/26/48 (Month) (Day) (Year)
(c) Place of burial or cremation: Biggers, Ark.

18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.

19. (a) 9-29-48 (Date received local registrar) (b) Mrs. D. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24 year 1948 hour 10 minute 8 A.M.

21. I hereby certify that I attended the deceased from 9-20, 1948, to 9-24, 1948 that I last saw him alive on 9-24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	11 hrs.
Due to Post-operative ischio rectal abscess, serre.	2 wks.
Due to multiple anal fistulae	unknown
Other conditions (Include pregnancy within 3 months of death) Hypertension	?

Major findings:
Of operations: Hugs ischio rectal abscess, left buttock.
Of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury

23. Signature: Milton J. Ferguson (M. D. or other) M.D.
Address: Sikeston, Mo. Date signed 9-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1048-1260
Date Filed 10-5-48

OCT 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Allritton

Licensed Embalmer No. 7941

P. O. Address Sexton N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.