

S. No. 300
V. 10-48

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42866**

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Delta Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>501 Sikes</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>M.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 48</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>12-25-1884</u>		9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Madrid County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>C.M. Smith, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Lera Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		18. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>57E</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		DUPLICATE (b) <u>Malnutrition</u>		<u>4-5 days</u>	
DUPLICATE (c) <u>Tumor mass, left side, of neck</u>		II. OTHER SIGNIFICANT CONDITIONS type undetermined <u>Chronic alcoholic.</u>		<u>several months</u>	
19a. DATE OF OPERATION <u>12-13-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Blood and yellowish clear fluid</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-12-48</u> , 19 <u>48</u> to <u>12-25-</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-25-48</u> , and that death occurred at <u>12:20Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H.B. Shugrater</u> (Degree or title)		23b. ADDRESS <u>Sikeston, MO</u>		23c. DATE SIGNED <u>25-Dec-48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Taylor Funeral Home Sikeston, MO</u>			

DATE REC'D BY LOCAL REG. <u>Jan 13-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. D.F. Henry</u> <u>303</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Taylor Funeral Home Sikeston, MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

120
0101

67481 12 700

RECEIVED
District Health Office No. 2,
District File Number 149-70
Date Filed 1-16-49

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 _____

J. M. Scott Student Embalmer No. 251
working under my personal supervision.

Signed *J. M. Scott*
Student Embalmer

Signed *James M. Scott*
Licensed Embalmer No. 4350
P. O. Address *East Davis, 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 this body is not embalmed, fact should be so stated above.