

No. 500
10.48

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7291

State File No.

BIRTH NO. 69788-49 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 21

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 (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>	
c. LENGTH OF STAY (In this place) <u>1 Hr. 30 Min</u>		d. STREET ADDRESS (If rural, give location) <u>311 Cresan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Karon</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Sale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>9-25-1919</u>	9. AGE (In years last birthday) <u>4</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>11</u> Hours <u>11</u> Min.	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Leon Sale</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Tucker</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Grandmother: Sally Tippen</u>	ADDRESS <u>Sikeston Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>491X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 2/5, 1950, to 2/5, 1950, that I last saw the deceased alive on 2/5, 1950, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. C. Cretchlow M.D.</u> (Degree or title)	23b. ADDRESS <u>Sikeston Mo.</u>	23c. DATE SIGNED <u>2/20/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>	24b. DATE <u>2-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 20 50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	427	25. FUNERAL DIRECTOR'S SIGNATURE <u>Weld Funeral Home - Sikeston Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 27 195

RECEIVED

District Health Office No.

District File Number 250-16

Date Filed

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
Student Embalmer

Signed *Raymond Ciewa*

Licensed Embalmer No. 3467

P. O. Address *Sikeston 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.