

FILED APR 1 1950

STANDARD CERTIFICATE OF DEATH

11591

State File No.

BIRTH NO. 77257-49 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 40

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) OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>5 1/2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Comm. Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Shirley</u> b. (Middle) <u>Ann</u> c. (Last) <u>Crawford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-24-1949</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>15</u> Days <u>1</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>--</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Crawford</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> <u>No</u>		16. SOCIAL SECURITY NO. <u>White</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mother-Shirley Crawford</u>	
				ADDRESS <u>R.I.S. Sikeston</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractures</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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>7725</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 3-11, 1950, to 3-11, 1950, that I last saw the deceased alive on 3-11-50, 1950, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A.S. Hunter</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>3-16-50</u>
--------------------------------------	--------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial U</u>	24b. DATE <u>3/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North of Sikeston, Mo.</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar. 24-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home</u>	ADDRESS <u>Sikeston Mo</u>
---	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 5 7 195

District Health Officer No. 2

District File Number 350-2

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 *J. E. Mitchell*
Licensed Embalmer No. *4695*
P. O. Address *Suburban, 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.