

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15560

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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 1002</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>629 Daniel</u>		d. STREET ADDRESS (If rural, give location) <u>629 Daniel 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BRENDA</u>	b. (Middle) <u>DARLENE</u>	c. (Last) <u>M^cCORMICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 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>Never Married</u>	8. DATE OF BIRTH <u>11-29-48</u>	9. AGE (In years last birthday) <u>1</u> if UNDER 1 YEAR Months <u>4</u> Days <u>11</u> if UNDER 24 HRS. Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sikeston mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Leo M. Carmel</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Layton</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 wag or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Leo M^c Cormick 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 or 11.0</u> <u>16</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned To Death</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1AD</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sikeston Scott Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 10 50 5:50 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home Burned</u>
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22. I hereby certify that I attended the deceased from first call after death and saw the deceased alive on 4/10/50, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blair J. Cole 3 Coroner</u>	23b. ADDRESS <u>Sikeston Mo</u>	23c. DATE SIGNED <u>4/10/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/11/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Sikeston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 10-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Walter Fernal Home Sikeston Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 17 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 450-2

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 Crews

Licensed Embalmer No. 3467

P. O. Address Wickerton 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.