No. 300
10:48

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22457

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. ~~3074~~ Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R F D #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON 1000
d. STREET ADDRESS (If rural, give location): R F D #2 0

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) ELLA c. (Last) DOOM

4. DATE OF DEATH (Month) (Day) (Year): 6-22-1950

5. SEX: F. 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: DEC 19 1862
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): SCOTT Co Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BILL HATCHER
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: –
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Prather Ingram Sikeston Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile arteriosclerosis

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. ✓

INTERVAL BETWEEN ONSET AND DEATH: 4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1/50, 19___, *to* 6/9/50, 19___, *that I last saw the deceased alive on* 6/9/50, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): McMillen D.O.
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 6/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: 6-24-50
24c. NAME OF CEMETERY OR CREMATORY: CITY
24d. LOCATION (City, town, or county) (State): MORLEY Mo

DATE REC'D BY LOCAL REG.: 7-1-50
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Welsh Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 10 1
SCOTT COUNTY HEALTH C
CO. FILE NO. 750 -

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 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.