

FILED AUG 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29130

BIRTH NO. 5190-50 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 1002	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 735 Matthews 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Rebecca		b. (Middle) Sue	
		c. (Last) Williams	
4. DATE OF DEATH July 29, 1950		5. SEX Female /	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH July 28, 1950		9. AGE (In years last birthday) 1-19 140	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Virgil Lee Williams		13b. MOTHER'S MAIDEN NAME Peggy Virginia Malcolm	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Peggy Williams	
		ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital polycystic kidneys, bilateral		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.		7571	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 July 28, 1950, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Litchlow (Degree or title) M.D.		23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED Aug 12, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-50		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) Sikeston, Scott, Mo	
DATE REC'D BY LOCAL REG Aug 17-50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. J. McFarland Home Sikeston, Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 21

SCOTT COUNTY HEALTH

CO. FILE NO. 850

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. Mittle

Licensed Embalmer No. 4695

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**, (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.