

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35895

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 155

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

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>RURAL 6115</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL 6115</u>	
c. LENGTH OF STAY (In this place) <u>18 mo</u>		d. STREET ADDRESS (If rural, give location) <u>Sikeston R 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.B. Hunter Farm</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY MATHIE JEAN Mc DANIELS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 1950</u>		
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>4-2-1949</u>		9. AGE (In years last birthday) <u>1</u>
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>Scott County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>TOM Mc DANIELS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Frank Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frank Wilson</u> ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Kongenital Debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>	
		ANTECEDENT CAUSES Asford 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>7901</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 First Care after Death, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifford P. O'Connell</u>		23b. ADDRESS <u>Sikeston MO</u>		23c. DATE SIGNED <u>10/18/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Marley</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marley MO</u>	

DATE REC'D BY LOCAL REGS. <u>Oct 23-50</u>		REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home</u> ADDRESS <u>Sikeston MO</u>	
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RECEIVED OCT 30 1950  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1050-143

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**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 Lewis

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.