

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7197

State File No. ....

FILED FEB 16 1951

BIRTH NO. 5922-51 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 35

10030

WRITE PLAINLY—USING UNFAADING 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) OR TOWN <u>SIKESTON</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO COMM DELTA HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RONALD</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>CASE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE ( )</u>	8. DATE OF BIRTH <u>1-24-51</u>
9. AGE (In years last birthday) <u>—</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>	11. BIRTHPLACE (State or foreign country) <u>SIKESTON MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>SIKESTON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HOWARD N. CASE</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS GILLIAM</u>	
13a. FATHER'S NAME <u>HOWARD N. CASE</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>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Howard N. Case Sikeston Mo</u>		ADDRESS <u>—</u>	
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>premature 6 1/2 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>—</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>—</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1-24</u> , 19 <u>51</u> , to <u>1-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>51</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Alfred Sargent MD</u>		23b. ADDRESS <u>Sikeston Mo</u>	
23c. DATE SIGNED <u>2-1-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MINER</u>	
24d. LOCATION (City, town, or county) (State) <u>MINER-SCOTT MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9 51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Stella Hunter</u>	

RECEIVED FEB 12 1951  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 251-46

**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.