

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19139**  
Registrar's No. **79**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **3074**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston.</b>	
c. LENGTH OF STAY (In this place) <b>7 Ye.</b>		d. STREET ADDRESS (If rural, give location) <b>1501 Osage St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Resident-1501 Osage</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mayfrances</b> b. (Middle) _____ c. (Last) <b>Preston</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 8 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH (Month) (Day) (Year) <b>March 28 1919</b>
9. AGE (In years last birthday) <b>38</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>11</b> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXXXX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Joish Willis</b>	13b. MOTHER'S MAIDEN NAME <b>Gatt Willis</b>	14. NAME OF HUSBAND OR WIFE <b>H. Preston</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H. Preston</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <b>1501 Osage St Sikeston</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		DUE TO (b) <b>Acute Bronchitis</b>		<b>6 days</b>
ANTECEDENT CAUSES		DUE TO (c) _____		<b>2 weeks (that)</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <b>490x</b>	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?
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22. I hereby certify that I attended the deceased from **5-3-1951**, to **5-3-1951**, that I last saw the deceased alive on **5-3-1951**, and that death occurred at **3<sup>00</sup> P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. Fingal</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>204 S Locust St. Charleston, Mo.</b>	23c. DATE SIGNED <b>5-10-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/11/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>West End of Sikeston, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 10 51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ola Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred J. Smith</b>	ADDRESS <b>1212 maid St.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAY 14 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 58-1-112

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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 Fred J. Smith

Licensed Embalmer No. 4508

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.