

FILED JUN 7 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19141

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u>		c. LENGTH OF STAY (In this place) <u>50 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u> <u>/003</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>111 Thompson, St Sikeston, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Sallie</u>	b. (Middle) _____	c. (Last) <u>Thompson</u>	(Month) <u>4</u>	(Day) <u>27</u>	(Year) <u>1951</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>3/5/96</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 1 HRS. Hours <u>22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Amory Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Aron Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Carter</u>	14. NAME OF HUSBAND OR WIFE _____
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.D. Baker Sikeston, Mo</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u>		
	DUE TO (c) <u>Unknown</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	<u>7955</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4/22, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 4/22, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Collins</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Stallcup Bldg, Sikeston, Mo.</u>	23c. DATE SIGNED <u>5/7/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 2-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella F. ...</u>	EMERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>Sikeston, Mo</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 4 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 651-12

**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 \_\_\_\_\_

*John Allerton*

Licensed Embalmer No. 2941

P. O. Address *Sebastian, 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.