

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

19049

State File No. _____

5. No. 300
11. 10.48

FILED JUN 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>104</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Scott		b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		a. STATE Missouri		b. COUNTY Scott			
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston		d. STREET ADDRESS 406 Daniel		1003			
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 Daniel				d. STREET ADDRESS (If rural, give location) 406 Daniel					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) Sarah	b. (Middle) Christine	c. (Last) Shaver	Date 4-4-52	Month 4	Day 4	Year 52			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 25-1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME George Waddle		13b. MOTHER'S MAIDEN NAME Ellen Cox		14. NAME OF HUSBAND OR WIFE Deceased					
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. -----		17. INFORMANT'S SIGNATURE OR NAME Oscar Shaver					
				ADDRESS 406 Daniel Sikeston					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				Cerebral Hemorrhage				at once	
ANTECEDENT CAUSES				DUE TO (b) Chronic Hypertensive heart disease				10 years	
				DUE TO (c) Cerebral Hemorrhage with paralysis of left side about 8 months previous					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?			
						443 YES <input 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)		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>17-Nov</u>, 19<u>51</u>, to <u>5-apr</u>, 19<u>52</u>, that I last saw the deceased alive on <u>5-apr</u>, 19<u>52</u>, and that death occurred at <u>4:00</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. S. Shragmorton M.D.				23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED 4-4-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-1952	24c. NAME OF CEMETERY OR CREMATORY Palestine,		24d. LOCATION (City, town, or county) (State) Ingram, Ark				
DATE REC'D BY LOCAL REG. 5-26-52		REGISTRAR'S SIGNATURE Mrs. Olla Hunter		25. FUNERAL DIRECTOR'S SIGNATURE H. S. McNeil		ADDRESS			

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

1003
1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-2-52
SCOTT COUNTY HEALTH CENTER.

CO. FILE NO. 652-162

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 H. G. McNabb

Licensed Embalmer No. 670

P. O. Address Focahontas, Ark.

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.