

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FINAL JUN 20 1952

23285

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BELL CITY</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1030</u> <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MO. DELTA COMM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GARY</u> b. (Middle) <u>WAYMON</u> c. (Last) <u>HALFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27, 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	
8. DATE OF BIRTH <u>NOV. 26, 1948</u>		9. AGE (In years last birthday) <u>3</u>		10. IF UNDER 1 YEAR Months Days	
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>SIKESTON, MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>WAYMON HALFORD</u>		13b. MOTHER'S MAIDEN NAME <u>CECIL MYRNA BROTHERTON</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-0-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MYRNA HALFORD BELL CITY, MO.</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 <u>Acute Lymphatic Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid 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.					
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 1-6, 1952, to 5-27, 1952, that I last saw the deceased alive on 5-27, 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alfred Sargent M.D.</u> (Degree or title)		23b. ADDRESS <u>SIKESTON MO</u>		23c. DATE SIGNED <u>5-27-52</u>	
24a. BURIAL: CREMATION: REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>			

DATE REC'D BY LOCAL REG. <u>6-13-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clara Tucker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welch Funeral Home - Sikeston Mo</u>	
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JUN 16 1952

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 652-177

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Raymond Crews

Signed.....
Student Embalmer

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.