

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27410

State File No.

No. 300
10.48

FILED JUL 17 1953

REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY OR TOWN Sikeston		c. CITY OR TOWN Sikeston 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		d. STREET ADDRESS (If rural, give location) Rt. #1 Box 9A	
3. NAME OF DECEASED (Type or Print) a. (First) Jeanette b. (Middle) Elizabeth c. (Last) Lott		4. DATE OF DEATH (Month) (Day) (Year) 7 10 1953	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-5-1952
9. AGE (In years last birthday) 14 mths.		10. IF UNDER 1 YEAR: Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Robert John Lott		13b. MOTHER'S MAIDEN NAME Doris Travis	
14. NAME OF HUSBAND OR WIFE _____			
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 Robert John Lott		ADDRESS Cleveland Ohio	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple skull fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Run over by car 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 (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, at rest, on the high seas) Home north of Sikeston	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sikeston Scott MO	
21d. TIME OF INJURY 7-10-53-7P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 7/10 , 1953, to 7/10 , 1953, that I last saw the deceased alive on 7/10 , 1953, and that death occurred at 8:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. C. Cutchlow M.D.		23b. ADDRESS Sikeston, Mo	
23c. DATE SIGNED July 11, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-11-53	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Cleveland Ohio
DATE REC'D BY LOCAL REG. 7-11-53	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edna Smith 1212 Maud St.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 13 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 753-160

JUL 8 1953

AUG 12 1953

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. 4408

P. O. Address Wickliffe, W.

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.