

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **45646**

FILED JAN 29 1954

BIRTH NO.		REG. DIST. NO. 332		PRIMARY REG. DIST. NO. 3074		Registrar's No. 199	
1. PLACE OF DEATH a. COUNTY Scott 1003				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Mo b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston 1003		d. STREET ADDRESS (If rural, give location) 223 Sikes ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Delta Community				d. STREET ADDRESS (If rural, give location) 223 Sikes ave			
3. NAME OF DECEASED (Type or Print) a. (First) William Freeman			b. (Middle) Smith			c. (Last) Smith	
4. DATE OF DEATH (Month) (Day) (Year) Dec 13, 1953			5. SEX M		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 26, 1905		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY Cab		11. BIRTHPLACE (City and State or Foreign Country) Amistown, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Francis		13b. MOTHER'S MAIDEN NAME Emily Rose Adams		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Bernice Dan Flint			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decongestion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* (Specify) Conditions contributing to the death but not related to the disease or condition causing death. 1. Anasarca 2. Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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)		21f. HOW DID INJURY OCCUR	
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"/>					
22. I hereby certify that I attended the deceased from Dec 11, 1953 , to Dec 13, 1953 , that I last saw the deceased alive on Dec 12, 1953 , and that death occurred at 3:40 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Andrew B. Smith MD				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 18 Dec 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/15/1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sikeston, Mo	
DATE REC'D BY LOCAL REG. 1-4-54		REGISTRAR'S SIGNATURE Mo Delta Hunter		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Arville Taylor Sikeston, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1954

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 154-18

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 J. E. McMillan

Licensed Embalmer No. 4695

P. O. Address E. Prairie, 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.