

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7474**
Registrar's No. **23**

FILED **MAR 5 1954**
BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston,		c. LENGTH OF STAY (In this place) 12 Yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston,		1000 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 Felker St.,				d. STREET ADDRESS (If rural, give location) 210 Felker St.			
3. NAME OF DECEASED (Type or Print) a. (First) Janie			b. (Middle) XXXXXXXX		c. (Last) Starks		4. DATE OF DEATH (Month) (Day) (Year) Feb., 18 1954
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct, 10, 1902		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 1 MONTH Hours IF UNDER 1 MIN. Min. - 52 - 4 7 - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Memphis Tenn., /		12. CITIZEN OF WHAT COUNTRY? U, S, A	
13a. FATHER'S NAME Jack Brown			13b. MOTHER'S MAIDEN NAME Mollie Brown		14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0 No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME <i>(With address)</i> Addie Green Felker Street			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 6 Months ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from First call after death , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred about 12:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Malena C. Buckhopper M.V. Health Officer Benton Mo				23b. ADDRESS Mo		23c. DATE SIGNED 2-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-21-54		24c. NAME OF CEMETERY OR CREMATORY Smith West End Cem West End Sikeston, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 2-26-54		REGISTRAR'S SIGNATURE Mrs. O. A. ...		25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith		ADDRESS 1212 Mand St.	

Rec. MAR 1 1954

Scott County Health Dept.
Benton, Mo.

file no - 354-49

MAR 5 1954

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 Lickston, 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.