

STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1954

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN Matthews	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) 6 Days		e. STREET ADDRESS (If rural, give location) 07201	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Delta Community Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) H.	c. (Last) Sells	4. DATE OF DEATH (Month) (Day) (Year) 8 14 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 6-21-1908	9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Ben Sells	13b. MOTHER'S MAIDEN NAME Jennie Edmondson	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.2	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kathleen Schuette, Sikeston, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease		INTERVAL BETWEEN ONSET AND DEATH 1 year
	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. Pneumonia, broncho		6 hrs	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 201X	20. AUTOPSY? 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 Aug 1953, to Aug 14, 1954, that I last saw the deceased alive on 8/14, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Critchlow M.D.	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED Aug 16, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/16/54	24c. NAME OF CEMETERY OR CREMATORY Matthews Comm
24d. LOCATION (City, town, or county) (State) Matthews Mo		

DATE REC'D BY LOCAL REG. 8-19-54	REGISTRAR'S SIGNATURE Mrs. C. Schuette	25. FUNERAL DIRECTOR'S SIGNATURE Albritton	ADDRESS Funeral Home Sikeston Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED AUG 23 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 854 178

AUG 31

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.....
Signature of Student Embalmer

Signed..... *John Alton*

Licensed Embalmer No. 294

P. O. Address *Superior*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.