

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1956

State File No. 3496

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 22

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. CITY OR TOWN Sikeston,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2yr		e. STREET ADDRESS (If rural, give location) 318 Luther St. 10030	
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 Luther St.			

3. NAME OF DECEASED (Type or Print) a. (First) Parlee	b. (Middle) XXXXXXXX	c. (Last) Ford	4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1956
---	-----------------------------	-----------------------	---

5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 21, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 11 Day 7	IF UNDER 24 HRS. Hours Min.
----------------------	---------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and State or Foreign Country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U, S, A
---	---	---	---

13a. FATHER'S NAME George W. Russell	13b. MOTHER'S MAIDEN NAME Elmura Adkins	14. NAME OF HUSBAND OR WIFE Widowed
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 0	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) XXX	17. INFORMANT'S SIGNATURE OR NAME Russell V. Ford	ADDRESS 318 Luther St.
---	---	--	-------------------------------

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) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5-10 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerotic Ht. Dis		
	DUE TO (c) 4200		
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 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) (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 **1 Nov**, 1955, to **29 Jan**, 1956, that I last saw the deceased alive on **26 Jan**, 1956, and that death occurred at **6:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Sikeston Mo	23c. DATE SIGNED 2-2-56
---	---------------------------------	--------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-2-56	24c. NAME OF CEMETERY OR CREMATORY Smith West End Court W. 2 Sikeston	24d. LOCATION (City, town, or county) (State) Mo
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. 2-6-56	REGISTRAR'S SIGNATURE Mrs. Over Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith	ADDRESS 1212 Main St.
--	---	---	------------------------------

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

DATE RECEIVED _____

FEB 6 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 256-36

FEB 14 1956

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 F. J. Smith

Licensed Embalmer No. 442

P. O. Address Liketon

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.