

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19288**

FILED MAY 28 1956

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **86**

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 town) Sikeston	c. LENGTH OF STAY (in this place) 13 days	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		STREET ADDRESS (If rural, give location) Lynn St.	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha	b. (Middle) Alice	c. (Last) York	4. DATE OF DEATH (Month) (Day) (Year) 5-18-1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-10-1885
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 9 Days 8	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 0	11. BIRTHPLACE (City and State or Foreign Country) Kuttawa, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Johnson	13b. MOTHER'S MAIDEN NAME Lucrecia Hall	14. NAME OF HUSBAND OR WIFE Homer York
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Husband, Homer York, Sikeston, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		6 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Cervix DUE TO (c)		4 years
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"/>
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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) m.	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 **11/18**, 19**54**, to **5-18**, 19**56**, that I last saw the deceased alive on **5-18**, 19**56**, and that death occurred at **810 An.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Cateblaw M.D.	23b. ADDRESS 412 Tanner, Sikeston, Mo.	23c. DATE SIGNED 5-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-19-56	24c. NAME OF CEMETERY OR CREMATORY Mt Hope	24d. LOCATION (City, town, or county) (State) East St. Louis Ill
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DATE REC'D BY LOCAL REG. 5-18-56	REGISTRAR'S SIGNATURE Max Otto Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home	ADDRESS Sikeston Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAY 21 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 536-116

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 Raymond Crews
Licensed Embalmer No. 246
P. O. Address Sekeston

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.