

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40292

3074 DATE FILE NUMBER

185

FILED NOV 30 1956

74578-54

Registration District No.

333

Primary Registration District No.

Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, or funeral director must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston,		c. CITY OR TOWN Canaleu	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Delta Community		d. STREET ADDRESS box 272 (If outside, give location) Box II	

3. NAME OF DECEASED (Type or print) Mattie Lee Birthy		4. DATE OF DEATH 11/13/56	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10/27/56/	
9. AGE (In years last birthday) 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY D	
11. BIRTHPLACE (City and state or country) Sikeston Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Triplett		14. MOTHER'S MAIDEN NAME Martha Triplett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W		16. SOCIAL SECURITY NO. xxxx	
17. INFORMANT Charles Triplett		Address Canaleu, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute infection		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		DUE TO (c)
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7640

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour: 11:50 p.m. Month: 11 Day: 13 Year: 56		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Canaleu		20f. COUNTY Scott STATE MO.	

21. I attended the deceased from 11-1-56 to 11-13-56 and last saw her alive on 11-13-56		Death occurred at 11:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. M. Sarno, Jr. D. (Degree, or title)		22b. ADDRESS Marion Ave.	
22c. DATE SIGNED 11-29-56			

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-14-56		23c. NAME OF CEMETERY OR CREMATORY Smith West End Rant		23d. LOCATION (City, town, or county) (State) West Sikeston, MO	
24. FUNERAL DIRECTOR Fred E. Smith		ADDRESS 1212 Maud St.		25. DATE RECD. BY LOCAL REG. 11-28-56		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(Licensed Embalmer's Statement on Reverse Side)

Birth # 638

DATE RECEIVED NOV 26 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156-248

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 *Fred J. Smith*
Licensed Embalmer No. 444

P. O. Address *Sikeston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.

5/11/56

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