

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3362

FILED FEB 8 1957

STATE FILE NUMBER

23

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 23

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, give TOWNSHIP only) OR TOWN Sikeston,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 Westgate St.		Length of stay in 1b 3yr	d. STREET ADDRESS (If outside, give location) 312 Westgate St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jennie Middle P. Last Webb			4. DATE OF DEATH Month Jan. Day 27th Year 1957		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXX		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alfred Peeks			14. MOTHER'S MAIDEN NAME Amanda Peeks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXX		16. SOCIAL SECURITY NO. 0	17. INFORMANT Rev. L. Peeks Address Mount City, 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) UNKNOWN					INTERVAL BETWEEN ONSET AND DEATH ONE WEEK?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) -
DUE TO (c) -					DUE TO (d) -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 7955					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 7955		
20c. TIME OF INJURY: Hour 3:30 Minute 30 p. m. 1/27/57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from about 1-2-57 and last saw <u>her</u> him alive on about 1/5/57 . Death occurred at 11 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. D. Urban M.D. (Degree or title)			22b. ADDRESS Sikeston, Mo		22c. DATE SIGNED 1/31/57
23a. BURIAL-CREATION, REMOVAL (Specify)	23b. DATE 1-31-57	23c. NAME OF CEMETERY OR CREMATORY Smith West End East West of Sikeston		23d. LOCATION (City, town, or county) (State) Mo	
24. FUNERAL DIRECTOR 1212 Mend St. Sikeston Mo.		25. DATE RECD. BY LOCAL REG. 1-31-57	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter		

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

+29-0

DATE RECEIVED FEB 4 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Fred J. Smith
Licensed Embalmer No. 44

P. O. Address Lik...

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

Handwritten notes and signatures at the bottom of the page, including "1-31-57" and "1515 2/11/57".