

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7218

State File No.

FILED FEB 25 1957

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. 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 Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 5 Days	c. CITY OR TOWN Bell City 1030
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		e. STREET ADDRESS (If rural, give location) Route #1	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Robert c. (Last) Warfield			4. DATE OF DEATH (Month) (Day) (Year) 2 12 1957		
5. SEX Male	6. COLOR OR RACE Negro 2	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7	8. DATE OF BIRTH 9-18-1888	9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR 4 Months 24 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Natchez, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter Warfield	13b. MOTHER'S MAIDEN NAME Mary Liza Woods	14. NAME OF HUSBAND OR WIFE Estella Love
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Mary Frederick, Sikeston, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		VI. UREMIA 3. ANEMIA 2. JAUNDICE, HEMOLYTIC?	5 days 3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 293X	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) (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 2-8, 1957, to 2-12, 1957, that I last saw the deceased alive on 2-12, 1957, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Andrea B. Smith MD	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 2-13-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-17-57	24c. NAME OF CEMETERY OR CREMATORY Warfield	24d. LOCATION (City, town, or county) (State) N. W. of Sikeston Mo
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DATE REC'D BY LOCAL REG. 2-16-57	REGISTRAR'S SIGNATURE Wm. Elmer Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Fred Smith	ADDRESS 1212 Main St.
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(Licensed Embalmer's Statement on Reverse Side)

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

479-c

DATE RECEIVED FEB 18 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-41

APR 10 1957

DATE RECEIVED _____

SCOTT CO. HEA _____

CO. FILE No. _____

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. 4408

P. O. Address Sliderton, Va.

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.