

FILED AUG 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27165

STATE FILE NUMBER

Registration District No. **333** Primary Registration District No. **3074** Registrar's No. **A32**

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 Residence Length of stay in lb 30yr		d. STREET ADDRESS (If outside, give location) 109 Alabama St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Alice Shaw			4. DATE OF DEATH Month Day Year July 31, 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 April 19, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXX		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 4 Days 11 IF UNDER 24 HRS. Hours 11 Min.
13. FATHER'S NAME Alfred Gayles		11. BIRTHPLACE (City and state or country) Oxford, Mississippi	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) XXXX (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Lucinda Gayles	
16. SOCIAL SECURITY NO. -		17. INFORMANT Johnnie Shaw Address 109 Alabama St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Glomerulonephritis			unknown
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <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 31 Jul 57 to 31 Jul 57 and last saw her alive on 31 Jul 57 Death occurred at 11:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. Sample M.D. (Degree or title)		22b. ADDRESS Charleston Mo.	22c. DATE SIGNED 4 Aug 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-4-57	23c. NAME OF CEMETERY OR CREMATORY Smith West End Court	23d. LOCATION (City, town, or county) (State) West 9 Sikeston Mo.
24. FUNERAL DIRECTOR Fred. Smith ADDRESS 1212 Maad St.		25. DATE RECD. BY LOCAL REG. 8-8-57	26. REGISTRAR'S SIGNATURE Thomas E. Wurdor

AUG 8 1957

JAN 23 1958
AUG 21 1957

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. (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.