. Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

Death certificates required by 193.140 RSMo 1949.
Specify the medical certificate, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
Recording the medical certificate, etc. must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes.
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38844
STATE FILE NUMBER

FILED NOV 12 1957 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SIKESTON — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): SIKESTON — Length of stay in Hospital: 33 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: SCOTT
c. CITY OR TOWN: SIKESTON 1003 0 — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 329 ALABAMA — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: LIZZIE Middle: — Last: EVANS
4. DATE OF DEATH: Month 10 Day 12 Year 57
5. SEX: FEMALE 3
6. COLOR OR RACE: NEGRO
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH (Month, Day, Year): Nov. 16, 1897
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 0 Days 19 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): NATCHEZ, MISS.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: CHARLIE WHITE
14. MOTHER'S MAIDEN NAME: SARAH PUCKETT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: W.R. EVANS Address: 329 ALABAMA

MEDICAL CERTIFICATION

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 Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension - Arteriosclerotic Heart Dis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1 day; 3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6 Oct 57 to 12 Oct 57 and last saw her/him alive on 12 Oct 57
Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John L. Sample (Degree or title) M.D.
22b. ADDRESS: Charleston Mo
22c. DATE SIGNED: 15 Oct 57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 20, 1957
23c. NAME OF CEMETERY OR CREMATORY: SUNSET
23d. LOCATION (City, town, or county) (State): SIKESTON MO

24. FUNERAL DIRECTOR ADDRESS: ALVIN DOTSON, 1302 W. NORTH, ST.
25. DATE RECD. BY LOCAL REG.: Oct 29-57
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED NOV 4 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1157-235

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 460

P. O. Address .....

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