

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46970

STATE FILE NUMBER

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. **212**

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. 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 305 PETTY ST.				Length of stay in 1b 8 YRS		d. STREET ADDRESS (If outside, give location) 303 ALABAMA	
3. NAME OF DECEASED (Type or print) First MARY Middle ETTA Last RILEY				4. DATE OF DEATH Month 11 Day 26 Year 57			
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAR. 25 1923	
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months 8 Days 7 Hours Min. 		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 -		11. BIRTHPLACE (City and state or country) MADISON ARK.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME BRANCHIE HARRIS				14. MOTHER'S MAIDEN NAME JOSIE LOGEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. -		17. INFORMANT (Address) BEATRICE SHANNON, ALABAMA	
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 monocytic leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Anemia - severe							
INTERVAL BETWEEN ONSET AND DEATH							
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 9/25/57 to 11/26/57 and last saw her alive on 11/25/57 Death occurred at 9:30 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. H. Kerin, M.D.				22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 12/19/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 2 1957		23c. NAME OF CEMETERY OR CREMATORY SUN SET		23d. LOCATION (City, town, or county) (State) SIKESTON MO.	
24. LOCAL DIRECTOR ARVIN DOTSON		ADDRESS SIKESTON, MO.		25. DATE RECD. BY LOCAL REG. 12-19-57		26. REGISTRAR'S SIGNATURE Mrs. [Signature]	

DATE RECEIVED

DEC 23 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-260

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 *Tris S. Marshore*

Licensed Embalmer No. *464*

P. O. Address *Sperton*

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.