

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4121

State File No. _____

FILED FEB 14 1958

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SIKESTON</u>		c. LENGTH OF STAY (in this place) <u>1 Mo.</u>		c. CITY OR TOWN <u>SIKESTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 LINCOLN ST.</u>				e. STREET ADDRESS (If rural, give location) <u>109 LINCOLN 1000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u>		b. (Middle) <u>-</u>		c. (Last) <u>MOORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 11 58</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-21-1909</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BUENA VISTA, MISS.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>BUD CUNNINGHAM</u>		13b. MOTHER'S MAIDEN NAME <u>MAMIE BEAN</u>		14. NAME OF HUSBAND OR WIFE <u>ROSETTA MOORE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAMIE VANCE SIKESTON, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY OCCLUSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE-CARDIO-VAS. DIS</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CIRRHOSIS OF LIVER</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>unkn</u> <u>unkn</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>1 JAN</u> , 1958, to <u>11 JAN</u> , 1958, that I last saw the deceased alive on <u>11 JAN</u> , 1958, and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John L Sample M.D.</u>				23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>1/14/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-15-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASTN GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>BUENA VISTA, MISS.</u>	
DATE REC'D BY LOCAL REG. <u>2-5-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ALVIN BOTSON SIKESTON, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED FEB 10 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 258-42

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. Marshall

Licensed Embalmer No. 4601

P. O. Address Leicester

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.