FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008491
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 31

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 333 LUTHER ST — Length of stay in 1b 20 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY SCOTT
c. CITY OR TOWN SIKESTON 100% — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 333 LUTHER ST (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First CHARLEY Middle — Last WELLS
4. DATE OF DEATH: Month 1 Day 22 Year 58
5. SEX 2 MALE
6. COLOR OR RACE NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH UNKNOWN
9. AGE (In years last birthday) 70
IF UNDER 1 YEAR: Months / Days — 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 FARMING
11. BIRTHPLACE (City and state or country) TURELO, MISS.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN
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 ANNIE EVANS, Address SIKESTON, MO

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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 490X
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 1-20-58, to 1-22-58 and last saw him alive on 1-22-58
Death occurred at ~~1-22-58 5:00 A.M.~~ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Sorro (Degree or title) MD
22b. ADDRESS Moscheanc Mo.
22c. DATE SIGNED 2-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1-26-58
23c. NAME OF CEMETERY OR CREMATORY SUNSET
23d. LOCATION (City, town, or county) SIKESTON (State) MO.
24. FUNERAL DIRECTOR ALVIN DOTSON ADDRESS SIKESTON MO.
25. DATE RECD. BY LOCAL REG. 2-7-58
26. REGISTRAR'S SIGNATURE Mrs Ellas Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED FEB 24 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 258-55

APR 21 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Iris S. Marshall

Licensed Embalmer No. 4

P. O. Address Sikeste

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.