

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008492  
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 27

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Scott</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		c. CITY OR TOWN <u>Sikeston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hosp.</u>		Length of stay in 1b <u>7 Days</u>		d. STREET ADDRESS (If outside, give location) <u>501 S. New Madrid St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First <u>Sadie</u>		Middle <u>Armilda</u>		Last <u>Zaricor</u>		Month <u>2</u> Day <u>15</u> Year <u>58</u>	
6. SEX <u>Female</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Commerce, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Fred DeWint</u>				14. MOTHER'S MAIDEN NAME <u>Mrs. Johnson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>D. H. Zaricor</u> Address <u>Sikeston, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>—</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>7-8 yrs.</u>	
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"/>	
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.) <u>443X</u>					
20c. TIME OF INJURY Hour <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		20d. INJURY OCCURRED WHILE AT WORK <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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1948</u> to <u>15-Feb-58</u> and last saw her alive on <u>14-Feb-58</u> . Death occurred at <u>6:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>H. B. Prognostator M.D.</u>				22b. ADDRESS <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>16-7-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-17-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>DAKDALE</u>		23d. LOCATION (City, town, or county) (State) <u>Scott Co Mo</u>	
24. FUNERAL DIRECTOR <u>Welch Funeral Home - Sikeston Mo</u> ADDRESS <u>—</u>				25. DATE RECD. BY LOCAL REG. <u>2-19-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

DATE RECEIVED FEB 24 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 258-51

FEB 28 1958

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..... *Raymond Crews*

Licensed Embalmer No. 32

P. O. Address *Keeton*

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.