

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012859

STATE FILE NUMBER

FILED MAR 21 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 43

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>		c. CITY OR TOWN <u>Matthews</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		b. COUNTY <u>New Madrid</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Mo. Delta Comm. Hosp.</u>				Length of stay in lb <u>1 Day</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Sarah</u>		Middle <u>Emmaline</u>		Last <u>Shelby</u>		Month <u>3</u> Day <u>6</u> Year <u>1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-24-1874</u>	
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Jack Smith</u>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>Edward Shelby, Matthews, Mo.</u>			
18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).}							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Generalized arteriosclerosis</u>					
		DUE TO (c)					
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.)				334X
20c. TIME OF INJURY Hour <u> </u> a. m. <u> </u> p. m.							2
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>12-7-57</u> to <u>3-6-58</u> and last saw her alive on <u>3-6-1958</u> Death occurred at <u>11:45</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Wm. C. Cutchlow M.D.</u>				22b. ADDRESS <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>3-6-58</u> <u>March 10, 1958</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/8/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Matthews Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Matthews, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Rebritten Funeral Home</u> <u>Sikeston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-11-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED MAR 17 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-70

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 Earl J. Smith.....

Licensed Embalmer No. 2676

P. O. Address Crawfordsville, Ind.

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