

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042337

STATE FILE NUMBER

11256

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 3036 Magazine		d. STREET ADDRESS (If outside, give location) 3036 Magazine	

3. NAME OF DECEASED (Type or print) First Katie Middle Last Sykes			4. DATE OF DEATH Month 11 Day 19 Year 58			
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5. SEX Female	6. COLOR OR RACE 3 Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-6-1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 9 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harvey Cozart	13b. MOTHER'S MAIDEN NAME Margaret McClendon	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT Marie Sykes	Address 3036 Magazine
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency DUE TO (b) 4/0X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH unknown
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 5/19-58	COUNTY Mississippi	STATE
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21. I attended the deceased from Death occurred at 5/19-58 and last saw her alive on 11/18-58 on the date stated above; and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE Chas. E. Herriot	(Degree or title)	22b. ADDRESS 4224A Gustaf	22c. DATE SIGNED 11-21-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-26-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Tupelo, Mississippi
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24. FUNERAL DIRECTOR Ellis Funeral Home	ADDRESS 2820 Stoddard St.	25. DATE RECD. BY LOCAL REG. NOV 22 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Fulton E. Culh*

Licensed Embalmer No. *4198*
P. O. Address *St Louis*

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.