Health, Welfare Public Service

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FILED JAN 29 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004116
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 12

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 629 William — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Scott
c. CITY OR TOWN Sikeston 1003 c — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 629 William (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First George Middle Robert Last Presley
4. DATE OF DEATH Month 1 Day 14 Year 1959
5. SEX Male
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-11-1879
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 1 Days 3 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret) 10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Finley, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Presley
13b. MOTHER'S MAIDEN NAME Elizabeth Carpenter
14. NAME OF HUSBAND OR WIFE Bodie Bledsoe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Herald Presley Address Kennett, 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) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs.
DUE TO (c) Probable Metastatic Carcinoma? — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.1H
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 1-12-59, to 1-12-59 and last saw him alive on 1-12-59
Death occurred at 6:30 a.m. 1-13-59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas C. McClure (Degree or title) M.D.
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-16-1959
23c. NAME OF CEMETERY OR CREMATORY Gardens of Memories
23d. LOCATION (City, town, or county) (State) Sikeston, Mo.

24. FUNERAL DIRECTOR Allbritton Funeral Home
ADDRESS Sikeston, Mo.
25. DATE REC'D BY LOCAL REG. 1-19-59
26. REGISTRAR'S SIGNATURE Mae Estes Hunter
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Raymond L. Duffie

Licensed Embalmer No. 4791

P. O. Address Berne, Mo.

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.