

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038587

FILED VS. OCT 16 1959 333

Registration District No. 3074 Primary Registration District No. 171 Registrar's No.

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in lb 18-days		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. R. 2			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lydia Middle HEATH Last Bacher				4. DATE OF DEATH Month 9- Day 28 - Year 59						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-28-1913		9. AGE (last birthday) 46		
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 1 YEAR Hours		IF UNDER 24 HR Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK			10b. KIND OF BUSINESS OR INDUSTRY GROC. + MARKET			11. BIRTHPLACE (City and state or country) MISS. Co. MO		12. CITIZEN OF WHAT COUNTRY U S A.		
13a. FATHER'S NAME JAMES E. HEATH			13b. MOTHER'S MAIDEN NAME ALICE ARELIA NEAL			14. NAME OF HUSBAND OR WIFE JOE E.				
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. 492-01-7842		17. INFORMANT Joe E. Bacher - Sikeston MO R 2				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) neuroblastoma								INTERVAL BETWEEN ONSET AND DEATH 6-8 mo.		
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year								
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 Sept 10, 1959 to Sept 28, 1959 and last saw ^{her} him alive on Sept 28, 1959 Death occurred at 11:25P. m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Wm. C. Citchlaw M.D.				22b. ADDRESS Sikeston, MO				22c. DATE SIGNED Sept 29, 1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-30-59		23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES		23d. LOCATION (City, town, or county) SIKESTON MO		(State)		
24. FUNERAL DIRECTOR Welch Funeral Home - Sikeston MO				25. DATE RECD. BY LOCAL REG. 10-6-'59		26. REGISTRAR'S SIGNATURE Miss Ella Hunter				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Grewe

Licensed Embalmer No. 3467

P. O. Address Sebastian

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.