

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 5 1960

=60-029316

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b	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 Comm. Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 519 Smith Ave.		
3. NAME OF DECEASED (Type or print) First JANET Middle FAYE Last SMITH			4. DATE OF DEATH Month 7 Day 25 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/23/1960	9. AGE (last birthday) 0 IF UNDER 1 YEAR IF UNDER 24 HR Months 0 Days 2 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Sikeston, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rex Smith			13b. MOTHER'S MAIDEN NAME Leona Thornberry		14. NAME OF HUSBAND OR WIFE -----	
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 Address Rex Smith, Sikeston, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Non viable newborn					INTERVAL BETWEEN ONSET AND DEATH About 26 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe spina bifida						
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral clubfoot					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 Sikeston, Mo.		COUNTY Scott
21. I attended the deceased from 7/24/60 to 7/25/60 and last saw her ^{him} alive on 7/25-60			Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. D. Wilson, M.D. (Degree or title)			22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 7/26/60 (State)	
23a. BURIAL, CREMATION, REBURNING (Specify)	23b. DATE 7/25/60	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) Sikeston, Mo. (State)		
24. FUNERAL DIRECTOR Albritton Funeral Home ADDRESS Sikeston, Mo.			25. DATE RECD. BY LOCAL REG. July 29 '60		26. REGISTRAR'S SIGNATURE Mr. [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Body not emb
Licensed Embalmer No. _____

P. O. Address _____

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.