

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049227

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 10

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1963

VS 300.
Rev. 4/59

1 1007

2 1007

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12 1-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Length of stay in lb <u>1 1/2 days</u>	c. CITY OR TOWN <u>Sikeston</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>209 Dixie</u>
3. NAME OF DECEASED (Type or print) First <u>Tom</u> Middle <u>Reddix</u> Last <u>Reddix</u>		4. DATE OF DEATH Month <u>12</u> Day <u>17</u> Year <u>62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-18-82</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jim Reddix</u>	
13b. MOTHER'S MAIDEN NAME <u>Easter Reddix</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NA</u>	17. INFORMANT Address <u>Lucy Lawrence Sikeston, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular Accident (Hemorrhage, cerebral)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>40 hours</u>
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>12-16-62</u> to <u>12-17-62</u> and last saw ^{her} him alive on <u>12-17-62</u> Death occurred at <u>11:40 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ad. Waldman MD</u> (Degree or title)		22b. ADDRESS <u>Sikeston Mo</u>	22c. DATE SIGNED <u>12-18-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>15-20-62</u>		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court West of Sikeston, Mo.</u>
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS <u>Smith Funeral Home Sikeston Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 8, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>	

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI

no permit received

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 *Fred J. Smith*
Licensed Embalmer No. *4408*

P. O. Address *Libertown, 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.