

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046719

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 278

FILED DEC 6 1963

VS 300
Rev. 4/59

1 1007
2 1007
3
4 0
5 1
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7 9
8 2
9 4201
10
11
12 1-2
13 2-2

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY SCOTT		a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		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 HOSP.		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 210 CRESAP
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
First BURTON Middle CLIFFORD Last RICE		Month 11 Day 21 Year 63	
5. SEX MALE	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 9-19-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPERNIER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 78
13a. FATHER'S NAME JAMES RICE		13b. MOTHER'S MAIDEN NAME EMMA RUSSELL	11. BIRTHPLACE (City and state or country) U.S.A
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT JENNIE RICE	12. CITIZEN OF WHAT COUNTRY U.S.A
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE JENNIE RICE	
IMMEDIATE CAUSE (a) Acute Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 15 min	
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) Chronic Pyelonephritis, Acute Exacerbation 4-5 yrs.		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	COUNTY _____ STATE _____
21. I attended the deceased from 11-17-63 to 11-21-63 and last saw him <input checked="" type="checkbox"/> alive on 11-21-63		Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Audra B. Smith M.D.		22b. ADDRESS Sikeston Missouri	22c. DATE SIGNED 11-23-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-23-1963	23c. NAME OF CEMETERY OR CREMATORY Garden Of Memories	23d. LOCATION (City, town, or county) (State) Sikeston, Missouri

24. FUNERAL DIRECTOR ADDRESS
Nunnelee Funeral Chapel, Sikeston, Mo.

25. DATE RECD. BY LOCAL REG. **Dec 4 1963**

26. REGISTRAR'S SIGNATURE
Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

EXPIRES 9 1988

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 Edward E. Hennessey

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.

Permit renewed 11-22-63