

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050482
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 315

FILED JAN 2 1964

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF
1 1007		
2 0720		
3		
4 1		
5 0		
6		
7 0		
8 0		
9 7620		
10		
11		
12 1-0		
13 20		
BY AFFIDAVIT OF	DOCUMENT	MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) SIKESTON		Length of stay in lb 1 1/2 Hrs.	c. CITY OR TOWN CANALOU 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) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) SHERL RENA BROWN			4. DATE OF DEATH 12-22-63
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 12-22-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1 Months 33 Days
11. BIRTHPLACE (City and state or country) Sikeston, Mo U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Allen		13b. MOTHER'S MAIDEN NAME Heneretta Malloy	
14. NAME OF HUSBAND OR WIFE		16. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT Heneretta Malloy, Sikeston, Mo	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy			INTERVAL BETWEEN ONSET AND DEATH Both
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Torches-bronchial destruction			of Both
DUE TO (c) Aspirated Mucous			Both
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 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 12-22-63 to 12-22-63 and last saw her alive on 12-22-63 Death occurred at 3:18 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph C. Rauter MD		22b. ADDRESS 1812 N Main Sikeston	22c. DATE SIGNED 12-23-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 23, 1963	23c. NAME OF CEMETERY OR CREMATORY Matthews Cem.	23d. LOCATION (City, town, or county) (State) Matthews, Mo.
24. FUNERAL DIRECTOR Jackson Funeral Home Sikeston, Mo		25. DATE RECD. BY LOCAL REG. Dec 30, 1963	26. REGISTRAR'S SIGNATURE Janette Waldman

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

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. Duffee

Licensed Embalmer No.

4798

P. O. Address

Berme, 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 received Dec 22 - 1963