

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050507

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 302

STATE FILE NUMBER

FILED DEC 30 1963

VS 300
Rev. 4/59

1 1007

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 1b 12 HOURS	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) 1108 OSAGE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CARRIE Middle KAY Last SANDERS			4. DATE OF DEATH Month 12 Day 8 Year 63
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/6/1963
9. AGE (last birthday) 5 Months 5 Days 5 Hours 5 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 U.S.A.
13a. FATHER'S NAME CLYDE SANDERS		13b. MOTHER'S MAIDEN NAME ERMA J. NICHOLSON	
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) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT ERMA J. SANDERS, SIKESTON, MO. Address	
18. CAUSE OF DEATH (Enter only one cause, but include the terminal condition if it is the cause of death.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Sec 40 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 INTERVAL BETWEEN ONSET AND DEATH 4 days			
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 12-8-63 to 12-8-63 and last saw her her live on 12-8-63 Death occurred at 2:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>AJ Watterings</i> (Degree or title)		22b. ADDRESS <i>Sikeston, Mo</i>	22c. DATE SIGNED 12-12-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/9/1963	23c. NAME OF CEMETERY OR CREMATORY SUNSET OF MEMORY	23d. LOCATION (City, town, or county) (State) SIKESTON, MO.
24. FUNERAL DIRECTOR ALVIN DOTSON, SIKESTON, MO.		25. DATE RECD. BY LOCAL REG. Dec 26, 1963	26. REGISTRAR'S SIGNATURE <i>Jeanette Waldman</i>

This Body was not Embalmed

Permit renewed 12-8-1962

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 _____

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.