MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0003313

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 35

FILED FEB 2 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Farmington, Mo. RURAL
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mineral Area Hosp. St. Francois Twp
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Knob Lick
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma Middle: N. Last: Sikes

4. DATE OF DEATH: Month: Jan. Day: 29 Year: 1966

5. SEX: Female

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/22/79

9. AGE (last birthday): 87

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Knob Lick Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Canterberry

13b. MOTHER'S MAIDEN NAME: Frances McDuff

14. NAME OF HUSBAND OR WIFE: Henry E. Sikes

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: Henry E. Sikes Knob Lick

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Broncho pneumonia	10 days
DUE TO (c)	Fractured Left hip	11 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Vascular accident

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell in bath room.

20c. TIME OF INJURY: Hour 9:00 a.m. Month, Day, Year: 1-18-66

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE: Knob Lick St. Francois Missouri

21. I attended the deceased from 1-18-66 to 1-28-66 and last saw her alive on 1-28-66

Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack V. Sallaska D.O.

22b. ADDRESS: Farmington, Missouri

22c. DATE SIGNED: 1-29-66

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 30/1966

23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery

23d. LOCATION (City, town, or county) (State): Knob Lick Mo.

24. FUNERAL DIRECTOR ADDRESS: C.H Cozean Farmington, Mo.

25. DATE RECD. BY LOCAL REG.: Jan 29 1966

26. REGISTRAR'S SIGNATURE: Esther Lindloff

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1966

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 Dennis R. Campbell, Student Embalmer No. 776

working under my personal supervision.

Student Dennis R. Campbell
Signature of Student Embalmer

Signed A H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.