

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY OR TOWN Alton		c. CITY OR TOWN Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) EDNA	b. (Middle) WATSON	c. (Last) SIFFORD	4. DATE OF DEATH (Month) (Day) (Year) February 1, 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 1, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
11. BIRTHPLACE (City and State or Foreign Country) Piedmont, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Watson	13b. MOTHER'S MAIDEN NAME Rachel Brandon	14. NAME OF HUSBAND OR WIFE J. R. Sifford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Haigwood ADDRESS Alton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Heart Disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial Failure</i> DUE TO (c) <i>Stroke</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		410.X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 1, 1953*, to *Feb 1, 1953*, that I last saw the deceased alive on *Feb 1, 1953*, and that death occurred at *10:35 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. W. Johnson</i> (Degree or title)	23b. ADDRESS <i>Alton, Mo.</i>	23c. DATE SIGNED <i>Feb 12-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-4-53	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery
24d. LOCATION (City, town, or county) (State) Alton Oregon Mo.		

DATE REC'D BY LOCAL REG. <i>Feb 14/53</i>	REGISTRAR'S SIGNATURE <i>W. W. Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Carter</i>	ADDRESS <i>Alton, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

750
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NOV 21 1950

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
Student Embalmer

Signed Richard Carter

Licensed Embalmer No. 4576

P. O. Address Shreveport

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 this body is not embalmed, fact should be so stated above.