

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27412**
Registrar's No. **118**

FILED **AUG 1 1953**

REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston,		c. CITY (If outside corporate limits, write RURAL and give township): 1003 OR TOWN Sikeston,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 Alabama		d. STREET ADDRESS (If rural, give location) 109 Alabama	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) ZZZZ c. (Last) Rice		4. DATE OF DEATH (Month) (Day) (Year) July 23, 1953	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept, 16, 1915
9. AGE (In years last birthday) 38		10. MONTHS 10	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Marvell, Ark,		12. CITIZEN OF WHAT COUNTRY? U, S, A	
13a. FATHER'S NAME Williams Redd		13b. MOTHER'S MAIDEN NAME Dainty Redd	
14. NAME OF HUSBAND OR WIFE Widowed		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Williams Redd 109 Alabama St,	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, Hypertension, Essential ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart severe Hypertension following childhood,	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 7-10 , 19 53 to 7-19 , 19 53 , that I last saw the deceased alive on 7-19 , 19 53 , and that death occurred at 5:07 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) G. J. Watter, M.D.		23b. ADDRESS 0 Sikeston Mo	
23c. DATE SIGNED 7-25-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-25-53		24c. NAME OF CEMETERY OR CREMATORY Smith West End Court West of Sikeston, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith 1212 Main St	
DATE REC'D BY LOCAL REG. 7-25-53		REGISTRAR'S SIGNATURE Mrs. Della Hunter	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 27 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 753-174

AUG 21 1953

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Liberton, 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 this body is not embalmed, fact should be so stated above.