

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37994

State File No.

FILED OCT 16 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Bertrand</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Delta Community Hospital</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>no street address</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Scott</u>	b. (Middle) <u>Alexander</u>	c. (Last) <u>Presson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-30-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-10-1905</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Const. labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bertrand, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mississippi</u>
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13a. FATHER'S NAME <u>S. A. Presson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ray</u>	14. NAME OF HUSBAND OR WIFE <u>Candita Presson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>376 03 9247</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Candita Presson</u>	ADDRESS <u>Bertrand, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) <u>Rheumatic fever.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4013</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 25, 1953, to 9-29, 1953, that I last saw the deceased alive on 9-29, 1953, and that death occurred at 12:35am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Sikeston</u>	23c. DATE SIGNED <u>9/30/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Armer Cenetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bertrand, Mo. Rural</u>
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DATE REC'D BY LOCAL REG. <u>Oct 5-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elva Hunter</u>	429	5. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Fumelle</u>	ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 12 1953
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1053-230

JAN 15 1954

DEC 29 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.....
Signature of Student Embalmer

Signed John F. Munnelle Jr.
Licensed Embalmer No. 385

P. O. Address Charleston

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.