

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11776**

FILED MAR 29 1957

BIRTH NO.		REG. DIST. NO. <b>333</b>		PRIMARY REG. DIST. NO. <b>3074</b>		Registrar's No. <b>50</b>	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Sikeston</b> )		c. LENGTH OF STAY (in this place) <b>6 Yrs.</b>		c. CITY OR TOWN <b>Sikeston 1003</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route # 2</b>				e. STREET ADDRESS (If rural, give location) <b>831 Agnes Street</b>			
3. NAME OF DECEASED (Type or Print) <b>EFFIE</b>		a. (First) <b>BELL</b>		c. (Last) <b>STONER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 26, 1887</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>0</b>		IF UNDER 1 YEAR Days <b>22</b>		IF UNDER 1 RES. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>New Hartford, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Benjamin H. Moss</b>		13b. MOTHER'S MAIDEN NAME <b>Mary S. Edwards</b>	
14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lucien Stoner - Sikeston, Mo.</b>				ADDRESS			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Cardiovascular disease</b>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Bronchietonia and Interstitial Pneumonitis</b>					
DUE TO (c)							
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				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <b>1-30, 1957</b> , to <b>3-18, 1957</b> , that I last saw the deceased alive on <b>3-18, 1957</b> , and that death occurred at <b>4 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Alfred B. Barsey, M.D.</b>				23b. ADDRESS <b>Sikeston, Missouri</b>		23c. DATE SIGNED <b>3-21-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-20-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery Sikeston, Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>3-23-57</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Edna E. Hummel</b>		ADDRESS <b>Numalee Funeral Chapel Sikeston</b>	

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

4-7

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAR 25 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 357-61

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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 Philip J. Cassady

Licensed Embalmer No. 4618

P. O. Address Sikston, Va.

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.