

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1957

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 82

|   |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Scott</b>   |                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Sikeston</b>   |                                 | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN <b>Sikeston</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>109 Dixie St.</b>  |                                 | Length of stay in 1b<br><b>20 yrs.</b>   | d. STREET<br>ADDRESS <b>109 Dixie St.</b>  |  | (If outside, give location) <sup>1623</sup><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Clara</b> First <b>Chattman</b> Last   |                                 |  | 4. DATE OF DEATH<br><b>May 2, 1957</b> Month <b>May</b> Day <b>2</b> Year <b>1957</b>  |  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Col.</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 2, 1893</b>  | 9. AGE (In years last birthday)<br><b>63</b>                         | IF UNDER 1 YEAR<br>Months <b>10</b> Days <b></b> Hours <b></b> Min. <b></b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic</b>  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-----</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Snow Lake, Ark.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13. FATHER'S NAME<br><b>Collien Byas</b>  |                                 |  | 14. MOTHER'S MAIDEN NAME<br><b>Mary Bell Smith</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                 | 16. SOCIAL SECURITY NO.<br><b>499-30-1648</b>  |  | 17. INFORMANT<br><b>Mrs. Donie Jordon, 109 Dixie, Sikeston, Mo.</b>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chr. Hypertension</b>   |                                 |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                 |  |  |  | DUE TO (b) <b>4222</b>   |
| DUE TO (c)  |                                 |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                 |  |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                 |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |  |  |
| 20c. TIME OF INJURY: Hour Month, Day, Year<br>a. m. p. m.   |                                 |  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                 | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                            |  |
| 21. I attended the deceased from <b>5-1-57</b> to <b>5-2-57</b> and last saw her alive on <b>5-2-57</b><br>Death occurred at <b>12:01 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                 |  |  |  |  |
| 22a. SIGNATURE<br><b>J. M. James</b> (Degree or title)  |                                 |  | 22b. ADDRESS<br><b>Kolhouse no</b>   |  | 22c. DATE SIGNED<br><b>5-7-57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                 | 23b. DATE<br><b>May 6, 1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Smith Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Sikeston, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>V. F. J. Sparks</b> ADDRESS <b>Sikeston, Mo.</b>   |                                 |  | 25. DATE RECD. BY LOCAL REG.<br><b>5-9-57</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Ella Hunter</b>   |

000  
1-56  
...  
-29

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED MAY 13 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-101

---

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 Edward N. Ruffin

Licensed Embalmer No. 502  
2501 Poplar  
P. O. Address Cairo, IL

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.