

Health,
Welfare
Public
Service

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4127

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 10

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>Scott</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>Scott</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>Sikeston</u>	c. CITY OR TOWN	<u>Sikeston</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
<u>317 Prosperity</u>		<u>317 Prosperity</u>	
Length of stay in lb		Reside on Farm	
<u>12 Yrs.</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH					
First Middle Last			Month Day Year					
<u>EMMA ALICE WATTS</u>			<u>Jan. 17, 1958</u>					
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
<u>Female</u>	<u>White</u>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>Feb. 5, 1869</u>	<u>88</u>	Months <u>11</u> Days <u>12</u> Hours <u> </u> Min. <u> </u>	Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?		
<u>Housewife</u>		<u>- - - -</u>		<u>Howell County, Missouri</u>		<u>USA</u>		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		
<u>Mark Cooper</u>			<u>Flora Killough</u>			<u>No</u> <u>None</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT			Address		
<u> </u>			<u>John Watts</u>			<u>Sikeston, Missouri</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		<u>1 year</u>	
IMMEDIATE CAUSE (a) <u>Complete heart block</u>		?	
DUE TO (b) <u>Hypertensive cardiovascular disease</u>		?	
DUE TO (c) <u>arteriosclerotic heart disease</u>		?	
Generalized arteriosclerosis		?	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>4200</u>		<u>2</u>	

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.)	
<u> </u>		<u>4200</u>	
20c. TIME OF INJURY		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u>		<u> </u>	
a. m. <u> </u> p. m. <u> </u>		20f. CITY, TOWN, OR LOCATION	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		COUNTY	
<u> </u>		<u> </u>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		STATE	
<u> </u>		<u> </u>	

21. I attended the deceased from <u>April 15, 1955</u> to <u>Jan 17, 1958</u> and last saw <u>him</u> alive on <u>Jan 17, 1958</u>	
Death occurred at <u>6:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<u>Wm. C. Critchfield M. D.</u>	<u>Sikeston, Missouri</u>
22c. DATE SIGNED	
<u>Jan 21, 1958</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1-19-58</u>		<u>Memorial Park Cemetery</u>		<u>Sikeston, Missouri</u>	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
<u>Edward E. Nunnelee</u>		<u>1-23-58</u>		<u>Mrs. Edna Hunter</u>			
Nunnelee Funeral Chapel		Sikeston					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED JAN 27 1958 8961 2 9007

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-28

FEB 21 1958

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 E. Nunn

Licensed Embalmer No. 416

P. O. Address Silveston

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.