URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED 13 NOV 2 1960

-60-040768
STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 31

RENDED

1. PLACE OF DEATH
a. COUNTY Stoddard Pike Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City — Length of stay in 1b 17 years

c. CITY OR TOWN Bell City — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd. 1 — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) Rfd. 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Emma Middle NMI Last Segers

4. DATE OF DEATH Month Sept. Day 18, Year 1960

5. SEX female

6. COLOR OR RACE colored

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1-27-78

9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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 country) Hernanda, Miss.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Docey

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) x x x x x x x x

16. SOCIAL SECURITY NO.

17. INFORMANT Emma Wiley — Address Bell City, Mo. R. 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) Hypostatic Congestion Lungs — yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 57, to Oct 1960 and last saw her alive on Sept 16, 1960
Death occurred at Sept 18, 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] Parker MD

22b. ADDRESS Bloomfield Mo

22c. DATE SIGNED 10-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 9-25-60

23c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery

23d. LOCATION (City, town, or county) (State) Dexter, Mo.

24. FUNERAL DIRECTOR Watkins & Sons — ADDRESS Dexter, Mo.

25. DATE RECD. BY LOCAL REG. 10/[illegible]

26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Marshall Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter Me

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