

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8410**
Registrar's No. **31**

No. 200
10.48

FILED MAR 6 - 1953
BIRTH NO.

REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **31**

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

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MO b. COUNTY SCOTT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		c. LENGTH OF STAY (In this place) 12 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON 1003		d. STREET ADDRESS (If rural, give location) 213 DANIEL 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 DANIEL			d. STREET ADDRESS (If rural, give location) 213 DANIEL 0		
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ALICE c. (Last) EPPERSON			4. DATE OF DEATH (Month) (Day) (Year) 2-15-53		
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-4-1877	9. AGE (In years: last birthday) 75	IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS: Hours _____ Mins _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) PERRY CO TENN	
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME WILLIAM LEWIS		13b. MOTHER'S MAIDEN NAME JOSIE BRODY	14. NAME OF HUSBAND OR WIFE WILEY M. EPPERSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Epperson - Sikeston Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis					
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 002 X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 2-10 , 19 53 , to 2-15 , 19 53 , that I last saw the deceased alive on 2-15 , 19 53 , and that death occurred at 5:20 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Alfred Sargent M.D.			23b. ADDRESS Sikeston, MO.		23c. DATE SIGNED 2-23-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-17-53	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) SIKESTON, MO	
DATE REC'D BY LOCAL REG. 2-24-53	REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sikeston Mo		

MAR 2 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 353-54

APR 5 1955

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
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Seaton Mo

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 this body is not embalmed, fact should be so stated above.