

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12954**
Registrar's No. **51**

FILED APR 10 1953

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luther St Sikeston, Mo				d. STREET ADDRESS (If rural, give location) Luther St Sikeston, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Bettie			b. (Middle) ---			c. (Last) Artis	
4. DATE OF DEATH (Month) (Day) (Year) 3 23 1953		5. SEX 3 F		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH 11/23/80		9. AGE (In years last birthday) 72		10. MONTHS 4		11. DAYS 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lizie Cason Sikeston, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenzal Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
*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) _____ DUE TO (c) _____					II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 480X					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9 Mar , 1953, to 23 Mar , 1953, that I last saw the deceased alive on 23 Mar , 1953, and that death occurred at 2:20A m., from the causes and on the date stated above.							
23a. SIGNATURE John L Sample M.D. (Degree or title)				23b. ADDRESS 1212 Mand St. Sikeston, Mo		23c. DATE SIGNED 23 Mar 53	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/53		24c. NAME OF CEMETERY OR CREMATORY Sun Set Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Mo	
DATE REC'D BY LOCAL REG. 4-1-53		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. SANITARY DIRECTOR'S SIGNATURE Blair Jones		ADDRESS Sikeston, Mo	

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

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RECEIVED APR 6 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 453-80

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 John Allerton _____

Licensed Embalmer No. 7941 _____

P. O. Address Jefferson 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.