

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16744

State File No. _____

FILED MAY 15 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 70

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 527 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) O c. (Last) DeMarris			4. DATE OF DEATH (Month) (Day) (Year) 4-29-1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6-16-1988		9. AGE (In years last birthday) 67		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
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 Foreign Country) Scott Co., Missouri	

13a. FATHER'S NAME Francis M. Watson		13b. MOTHER'S MAIDEN NAME Mary Graham		14. NAME OF HUSBAND OR WIFE Clyde DeMarris	
---	--	--	--	---	--

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 Clyde DeMarris - 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction Arteriosclerotic Cardiovascular Disease DUE TO (b) Disease DUE TO (c) Disease				INTERVAL BETWEEN ONSET AND DEATH	
		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 420.1		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)			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 4-27-1953, to 4-29-1953, that I last saw the deceased alive on 4-28-1953, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Aldea Sargent			23b. ADDRESS Sikeston, Mo.			23c. DATE SIGNED 4-29-53		
---------------------------------	--	--	-------------------------------	--	--	-----------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-2-53		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Sikeston Mo	
---	--	---------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 5-4-53		REGISTRAR'S SIGNATURE Mrs. Olla Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home - Sikeston Mo		ADDRESS	
------------------------------------	--	---	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 200
10-4-53
Demaris
003

MAY 11 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 553-105

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 Lewis

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.