

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1957

State File No. **43189**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 191	
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) Sikeston		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Sikeston		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shuffert Nursing Home				STREET ADDRESS (If rural, give location) 223 Sikeston Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) - c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Oct 6, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 30 1886		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months 8 Days 6 IF UNDER 1 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tenn		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Sam Adams		13b. MOTHER'S MAIDEN NAME Mary Kelly		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Parr		ADDRESS 546 Thackeray, F. Lind, Mich.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid DUE TO (c) 153X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 yrs 4 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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) (m.)		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 Aug 25, 1956 , to Sept 30, 1957 , that I last saw the deceased alive on Sept 30, 1956 , and that death occurred at 8:20 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. C. Cutchlow M.D.				23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED Oct 8, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-57	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sikeston - Missouri		
DATE REC'D BY LOCAL REG. 11-4-57		REGISTRAR'S SIGNATURE Mrs. Della Hunter		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Crville Taylor - Sikeston Mo			

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

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DATE RECEIVED NOV 12 1957

SCOTT CO: HEALTH DEPT.

CO. FILE No. 1157-238

NOV 20 1957

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 Marsh Watters.....

Licensed Embalmer No. 4717

P. O. Address Perter M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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