

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037214

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 242

Primary Registration District No. 4361

Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Essex, Rt. One</u>		c. CITY OR TOWN <u>Essex</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Route one</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Wilson - Artis</u>		4. DATE OF DEATH Month Day Year <u>10-1-1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>7-21-1878</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Holly Grove, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Riley Artis</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie (Deceased)</u>		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. <u>-</u>		17. INFORMANT <u>William Artis</u> Address <u>Essex, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>No. Medical attendant, this</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Person became sick all at once, at one</u> DUE TO (c) <u>and died cause of death unknown.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1955</u>			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>near Canaan</u>		COUNTY <u>New Madrid</u> STATE <u>Mo</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Geo. H. Haggerty</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>New Madrid - Mo</u>	
22c. DATE SIGNED <u>10-2-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-5-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cem.</u>	23d. LOCATION (City, town, county) (State) <u>Sikeston, Mo.</u>
24. FUNERAL DIRECTOR <u>Delbert Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>10-9-58</u>	
ADDRESS <u>Sikeston, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Kathryn L. Mc Bain</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED OCT 14 1958
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 Paul J. Smith

Licensed Embalmer No. 5015

P. O. Address Oran, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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