

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038593

State File No.

FILED OCT 28 1958

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Castor Twnship</u>)		c. CITY OR TOWN <u>Rural # 2 Dudley, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>103rd Dudley, Mo Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dudley, Mo. Route 2</u>		f. FULL NAME OF HOSPITAL OR INSTITUTION _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u>		b. (Middle) <u>Monroe</u>	
c. (Last) <u>Demaris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24, 1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 4, 1876</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
IF UNDER 48 HRS. _____		IF UNDER 1 HR. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hardin County Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Florence Demaris</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Demaris</u> ADDRESS <u>Route 2 Dudley, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		2 years _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>0</u> 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) <u>151X</u> (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 <u>10-4-1957</u> , to <u>10-24-1958</u> , that I last saw the deceased alive on <u>10-24-1958</u> , and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Charles O. Cameron</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>2 Bloomfield, Mo</u>	
23c. DATE SIGNED <u>10-24-58</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/26/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston City Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Sikeston, Missouri</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>10-25-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Heape L. Baker</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons</u>		ADDRESS <u>Bloomfield, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 M. Walker*

Licensed Embalmer No. *496*

P. O. Address *Reston Va*

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.