

FILED VS OCT 3 0 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-038725

4539 STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. Registrar's No. 5

V. S. 300  
Rev. 1-57

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securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Wayne</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Williamsville</i>		c. CITY OR TOWN <i>Williamsville</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		d. STREET ADDRESS (If outside, give location) <i>None</i>	
3. NAME OF DECEASED (Type or print) First <i>Elsie</i> Middle <i>Nancy</i> Last <i>Demaris</i>		4. DATE OF DEATH Month <i>Oct.</i> Day <i>10</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 19 1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <i>6</i> Days <i>31</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
13a. FATHER'S NAME <i>James Wisecarver</i>		13b. MOTHER'S MAIDEN NAME <i>Hester Ann King</i>	14. NAME OF HUSBAND OR WIFE <i>Edward Demaris</i> (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Cortess Batey Williamsville Mo</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>General Paralysis (Central)</i> DUE TO (b) <i>Arthritis Deformans and Senility</i> DUE TO (c) <i>6 years</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>025X</i>	
20c. TIME OF INJURY Hour <i></i> Month, Day, Year <i></i> a.m. <i></i> p.m. <i></i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at <i>10:45</i>		to <i>Sept. 13, 59</i> and last saw her alive on <i>Oct. 4, 59</i> in on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (In full name, degree or title) <i>W. H. Burton, M.D.</i>		22b. ADDRESS <i>Poplar Bluff, Mo</i>	22c. DATE SIGNED <i>10-22-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-11-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Shilo Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Wayne Co. Mo</i>
24. FUNERAL DIRECTOR <i>William Cook Piedmont</i>		25. DATE RECD. BY LOCAL REG. <i>10-26-59</i>	26. REGISTRAR'S SIGNATURE <i>Sheila Lovelace</i>

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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 Coder Funeral Home, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed William Coder.....

Licensed Embalmer No. 3723.....

P. O. Address Richmont.....

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.