

FILED APR 5 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7635

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>81</u>					
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>			c. LENGTH OF STAY (in this place) <u>50 YRS.</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 South Pacific</u>				d. STREET ADDRESS (If rural, give location) <u>205 South Pacific</u>							
3. NAME OF DECEASED (Type or Print) <u>LENA</u>			a. (First)		b. (Middle) <u>W.</u>		c. (Last) <u>McCARVER</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 10, 1885</u>			
9. AGE (In years last birthday) <u>63</u>		if UNDER 1 YEAR Months <u>11</u>		Days <u>14</u>		if UNDER 24 HRS. Hours <u></u>		Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>South East Hospt.</u>			11. BIRTHPLACE (State or foreign country) <u>Walpold, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Sam B. Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Dawes</u>			14. NAME OF HUSBAND OR WIFE <u>T. J. McCarver</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-32-9247</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Drozan Miller</u>					ADDRESS <u>Lake Charles, La.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Hypertensive Cardiovascular Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>						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) 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 <u>Feb 7, 1949</u> to <u>March 24, 1949</u> , that I last saw the deceased alive on <u>3/21/49</u> , and that death occurred at <u>10:30 A.M. from the autopsy and on the date stated above.</u>											
23a. SIGNATURE (Degree or title) <u>Phyllis Corwe</u>				23b. ADDRESS <u>Cape Girardeau, Mo</u>			23c. DATE SIGNED <u>3/28/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo</u>					
DATE REC'D BY LOCAL REG. <u>3-28-1949</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walther's Funeral Home</u>					ADDRESS <u>Cape Gir., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MO.

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

RECEIVED

Health Officer No. 4

File Number 449-42

4-4-49

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.

Signed William Lee Townes

Signed _____
Student Embalmer

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.