

FILED APR. 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11759

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>98</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>Scott</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Fanders</u>					
c. LENGTH OF STAY (in this place) <u>4 days</u>				d. STREET ADDRESS (If rural, give location) _____					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>DOTTIE JANE SMITH</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 14, 1919</u>			
9. AGE (In years last birthday) <u>29</u>		if under 1 year: Months <u>6</u> Days <u>26</u>		if under 1 year: Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Fanders, Mo.</u>			
13a. FATHER'S NAME <u>Louis R. Myers</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Barnes</u>			14. NAME OF HUSBAND OR WIFE <u>Charles Smith Fanders</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louis R. Myers</u> ADDRESS <u>Fanders, 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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TETANUS</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infected leg.</u>					
				DUE TO (c) <u>infected leg. truck accident</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>4-9</u> , 19 <u>49</u> , to <u>4-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>49</u> , and that death occurred at <u>1:50</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>4-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perkins Cem. Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Perkins, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-13-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44 FUNDING DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>		ADDRESS _____			

RECEIVED

Health Officer No. 4

449-

4-18-4

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 .....  
Student Embalmer

Signed *Floyd S. Morgan*

Licensed Embalmer No. *3361*

P. O. Address *Advance, W.*

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.