

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11769

State File No.

16
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cape</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Schawnee</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>New Wells Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Wells, Mo</u>			d. STREET ADDRESS <u>New Wells Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u>		b. (Middle) <u>Sophia</u>	c. (Last) <u>Huber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 - 1949</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 24, 1907</u>	9. AGE (In years last birthday) <u>41</u>	10. MONTHS <u>8</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>Ela - Lake Co. - Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry C. Reinecke</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Consolet</u>		14. NAME OF HUSBAND OR WIFE <u>E. C. Huber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. C. Huber</u>		ADDRESS <u>New Wells, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous, General</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154A</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u> <u>4 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) (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>May 11, 1948</u> , to <u>April 15th, 1949</u> , that I last saw the deceased alive on <u>April 14, 1949</u> , and that death occurred at <u>4:30P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Theodore Fischer</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Attenburg, Missouri</u>		23c. DATE SIGNED <u>4-15-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>April 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burdette Ill</u>	24d. LOCATION (City, town, or county) (State) <u>Burdette Ill</u>		
DATE REC'D BY LOCAL REG. <u>April 16 49</u>	REGISTRAR'S SIGNATURE <u>A. G. Sibus</u>		43	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Koberert</u>	
				ADDRESS <u>New Wells Mo</u>	

RECEIVED

District Health Officer No. 4
District File Number 449-52
Date Filed 4-18-49

شماره پرونده - 449-52
تاریخ - 4-18-49

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.

Student
Student Embalmer

Signed BA Meyer.....

Licensed Embalmer No. 3057.....

P. O. Address Jackson Ind.....

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.