

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26329**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **257**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>" "</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>215 N. Elli</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>John Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lois</b> b. (Middle) <b>Kathleen</b> c. (Last) <b>Hartley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 8 - 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 31 - 1919</b>	9. AGE (In years last birthday) <b>30</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b>—</b> Min. <b>—</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>Waco Texas</b>	12. CITIZENSHIP OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>Ed. Hartley</b>	13b. MOTHER'S MAIDEN NAME <b>Lois Emma Campbell</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. O. C. Debus</b> ADDRESS <b>Lin. Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>33 IX</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>igne, intra-cranial pressure,</b> DUE TO (c) <b>2 - Ventricular Hemorrhage</b>		
	11. 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 <b>✓</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b> _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____	21f. HOW DID INJURY OCCUR? <b>L</b>
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22. I hereby certify that I attended the deceased from **8-8-1949**, to **8-8-1949**, that I last saw the deceased alive on **8-9-1949**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Elderton Estes M.D.</b>	23b. ADDRESS <b>Cape Gir, Mo 89-49</b>	23c. DATE SIGNED _____
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24a. BURIAL CREMATION REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Aug 10 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>
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DATE REC'D BY LOCAL REG. <b>8-9-1949</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. P. Howell</b> ADDRESS <b>Cape Gir, Mo</b>
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MAR 8 1950

RECEIVED 8-15-49

District Health Officer No. 4

Ins. File Number 84-9-1077

Date Filed

VS MAR 30 1960

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 Boytt B. Willis

Signed Student Embalmer

Licensed Embalmer No. 4603

P. O. Address Cape Girardeau, Mo.

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.