

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26335

State File No. \_\_\_\_\_

BIRTH NO. 40296-49 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 284

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 OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>	c. CITY OR TOWN <u>Cape Girardeau</u>		d. STREET ADDRESS (If rural, give location) <u>416a So. Spring St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Garold</u> b. (Middle) <u>William</u> c. (Last) <u>McBride</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 30, 1949</u>		9. AGE (In years last birthday) Months Days of UNDER 1 YEAR Hours Min. <u>0 22</u>
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10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harold McBride</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Lee Watson</u>		14. NAME OF HUSBAND OR WIFE	
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold McBride</u>		ADDRESS <u>Cape Gir. Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital band at ilio-cecal valve causing intestinal obstruction.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7562</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>autopsy</u> <u>Congenital band at ilio-cecal valve.</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from July 30, 1949, to Aug 22, 1949, that I last saw the deceased alive on Aug 22, 1949, and that death occurred at 10:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>John Crowe</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>8/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 23, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-29-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold Heman Cape Gir. Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

16  
14

RECEIVED 9-6-49

District Health Officer No. 4

District File Number 949-1167

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

*Body was not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed *Howard L. Lissner* .....

Licensed Embalmer No. ....

P. O. Address .....

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.