

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40427**

FILED JAN 6 1950

BIRTH NO. **27217-49** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **439**

16
 4

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (In this place) 7 Mos.		d. STREET ADDRESS (If rural, give location) 749 S. Ellis St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Vicki		b. (Middle) Jane	
c. (Last) Compas		4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 49	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married	8. DATE OF BIRTH May 6, 1949
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months 7 Days —		IF UNDER 4 HRS. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leo G. Compas Jr.		13b. MOTHER'S MAIDEN NAME Rhoda Crump	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Leo G. Compas Jr.		ADDRESS Cape Girardeau	
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) Hydrocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 4 mos			
19a. DATE OF OPERATION Oct 49		19b. MAJOR FINDINGS OF OPERATION Hydrocephalus	
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 12 Sep 19 49 to 27 Dec 19 49 , that I last saw the deceased alive on 24 Dec 19 49 , and that death occurred at 6:15 p.m. from the causes and on the date stated above.			
23a. SIGNATURE Luah V. Ashley M.D.		23b. ADDRESS Cape Girardeau, Mo.	
23c. DATE SIGNED 29 Dec 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-1949	
24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 12-27-49		REGISTRAR'S SIGNATURE T. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE C. J. Sobing		ADDRESS Cape Girardeau, Mo.	

RECEIVED 1-3-50

Health Officer No. 4

File Number 150-1

Filed

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 [Signature] Licensed Embalmer No. 3810 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.