

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40451

State File No. ....

16  
4

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>409</u>                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau Co.</u>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission):<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau Co.</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Gir Mo.</u>  |                               | c. LENGTH OF STAY (in this place) <u>0</u> <u>40 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau Mo.</u>  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>South East Hospital</u>   |                               |   |  | d. STREET ADDRESS (If rural, give location) <u>18 Rear So. Benton</u>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Amanda</u> b. (Middle) _____ c. (Last) <u>Niswonger</u>  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1949</u>                           |   |   |   |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>   | 8. DATE OF BIRTH <u>Dec 16 1879</u>  | 9. AGE (In years last birthday) <u>69</u>   | IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>                   | IF UNDER 2 HRS. Hours _____ Min. _____          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Oran Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>      |  |
| 13a. FATHER'S NAME <u>Joseph Yates</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Sarah Patterson</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Pink L. Niswonger</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service) <u>None</u>  |                               | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Pink L. Niswonger</u> ADDRESS <u>Cape Gir</u> |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive cardio-vascular renal disease</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> |  |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>49 days</u> |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION <u>Fracture - right humerus</u>  |  | 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>Oct 11, 1949</u> , to <u>Nov 29, 1949</u> , that I last saw the deceased alive on <u>Nov 29, 1949</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above. |                               |   |  |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>  |                               |   | 23b. ADDRESS <u>714 Broadway Cape Girardeau Mo.</u>                                |   | 23c. DATE SIGNED <u>12-7-49</u>                                   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>   |                               | 24b. DATE <u>Dec-1-1949</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>                       |   | 24d. LOCATION (City, town, or county) (State) <u>Cape Gir Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>12-7-1949</u>   |                               | REGISTRAR'S SIGNATURE <u>C. C. Summers</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gal H. Howell</u>   |   |   |  |

[APR 6 1956

12-12-49

ORDER No. 4

1249-161

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 *W. H. Estes*

Licensed Embalmer No. *3568*

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.