

S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7909

State File No.

FILED MAR 29 1950

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Cape Girardeau

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE Missouri b. COUNTY Bollinger

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau c. LENGTH OF STAY (in this place) 6 weeks

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lepold, Lorange, 0090

d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic, Hospital

d. STREET ADDRESS (If rural, give location) Spanish & Merriweather.

3. NAME OF DECEASED (Type or Print) a. (First) Catherin b. (Middle) Josephine c. (Last) Holway.

4. DATE OF DEATH (Month) (Day) (Year) 3-7-50

5. SEX Fem

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Int 0

8. DATE OF BIRTH Dec 25-1949

9. AGE (In years last birthday) Months Days Hours Min. 2 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Int

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lepold, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Holweg,

13b. MOTHER'S MAIDEN NAME Josephine Hubker,

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)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Holweg Lepold, Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) Carotid thrombosis of occlusion
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

53x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/50, 1950, to 3/7/50, 1950, that I last saw the deceased alive on 3/7/50, 1950, and that death occurred at 12:22 am., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) John J. Meas

23b. ADDRESS Lutesville Mo.

23c. DATE SIGNED 3/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-9-50

24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery

24d. LOCATION (City, town, or county) (State) Lepold, Mo.

DATE REC'D BY LOCAL REG. 3-20-1950

REGISTRAR'S SIGNATURE W. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shelby-Ward Lutesville, Mo.

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

RECEIVED

MAR 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-440

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 Howard P. Harmon

Licensed Embalmer No. 4122

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.