

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7918

State File No.

0164

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thebes</u> <u>6120</u>	
c. LENGTH OF STAY (In this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA E. MILLER</u>		b. (Middle) _____ c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 31st 1950.</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 5</u>		8. DATE OF BIRTH <u>August 5th 1880</u>	
9. AGE (In years last birthday) <u>69</u> 10. MONTHS <u>7</u> 11. DAYS <u>24</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seamstress</u>	
11. BIRTHPLACE (State or foreign country) <u>Thebes Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Weibking</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Light</u>	
14. NAME OF HUSBAND OR WIFE <u>E. E. Weibking</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>E. E. Weibking</u> ADDRESS <u>Thebes Ill.</u>	
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) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post Surgical Appendicitis & Cholecystitis</u> DUE TO (c) <u>Acute Appendicitis & Cholecystitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5500</u>	
19a. DATE OF OPERATION <u>March 20 & 30, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute Appendicitis & Cholecystitis Repair of Spleen</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>March 16, 1950</u> , to <u>March 31, 1950</u> , that I last saw the deceased alive on <u>March 31, 1950</u> , and that death occurred at <u>6:55 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. D. Newell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1055 Spanish Lake, Mo.</u>	
23c. DATE SIGNED <u>March 31, 1950</u>		24a. BURIAL/CREMATION REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>5/2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thebes Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Thebes Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holly C. Marchildon</u> ADDRESS <u>Thebes, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>4-2-50</u>		REGISTRAR'S SIGNATURE <u>T. G. ...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

277 - 23 rd 10 1/2
a head of
D. D. Summers

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE

File No. 450-525

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 _____

March 31-1950-11:30pm

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James L. Rippe*

Licensed Embalmer No. 5931- Jee

P. O. Address *Mount, Ill*

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.