

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7919

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give town or township) Cape Girardeau		c. LENGTH OF STAY (In this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Girardeau Osteopathic Hosp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
3. NAME OF DECEASED (Type or Print) a. (First) Linnie b. (Middle) Omega c. (Last) Misplay		4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27th, 1913
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) Hickman County, Tennessee
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hennon Hamilton		13b. MOTHER'S MAIDEN NAME Lillie Myers	14. NAME OF HUSBAND OR WIFE Joseph L. Misplay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph L. Misplay Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-surgical Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hysterectomy & Bilateral Salpingectomy DUE TO (c) Fibrous Uterus with Severe Cervical Erosion and Bilateral Hydrosalpinx II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Jan 31, 1950		19b. MAJOR FINDINGS OF OPERATION Fibrous Uterus with Cervical Erosion and Bilateral Hydrosalpinx	
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 Jan 28, 1950, to Jan 31, 1950, that I last saw the deceased alive on Jan 31, 1950, and that death occurred at 5:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE M. J. Newell (Degree or title) D.O.		23b. ADDRESS 105 S. Spanish Cape Girardeau, Mo.	
23c. DATE SIGNED Feb 3, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/1950	
24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) Charleston, Missouri (State)	
DATE REC'D BY LOCAL REG. 3-17-1950		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE NUMBER 1 FUNERAL CHAPEL, Charleston Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-403

MAR-21 1950

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

*John T. Ammelee Jr.*

Licensed Embalmer No. 38591

P. O. Address Charleston, W. Va.

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.