

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7928**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY Cape Girardeau County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau) c. LENGTH OF STAY (In this place) 69		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 229 So. Lorimier	
3. NAME OF DECEASED a. (First) Bertha b. (Middle) _____ c. (Last) Sullenger		4. DATE OF DEATH (Month) (Day) (Year) Mar 21 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 4 1881
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours 17 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Osterloh		13b. MOTHER'S MAIDEN NAME Mary Metz	14. NAME OF HUSBAND OR WIFE John (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Nathcroft Page ADDRESS _____
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL EXAMINATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck Rt femur 157X F	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	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 Sept 1, 1949 to Mar 21, 1950 , that I last saw the deceased alive on Mar 21, 1950 and that death occurred at 8:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Edward D. Campbell M.D. (Degree or title)		23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 3-23-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 24 1950	24c. NAME OF CEMETERY OR CREMATORY Lorimier	24d. LOCATION (City, town, or county) (State) Cape Gir Mo
DATE REC'D BY LOCAL REG. 3-23-1950	REGISTRAR'S SIGNATURE G. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Joe J. Howell	ADDRESS Cape Gir Mo

0164

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

0164

RECEIVED

MAR 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-446

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 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.