No. 300
10.48

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

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22979

BIRTH NO. 47601-50 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 235

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau, Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South East Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau Mo
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Gary
b. (Middle): Earl
c. (Last): Durham

4. DATE OF DEATH (Month) (Day) (Year): Aug 1 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Aug. 1 1950
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —; Days 1 day; IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
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: Earl Durham
13b. MOTHER'S MAIDEN NAME: Rose Matlock
14. NAME OF HUSBAND OR WIFE: Child

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: Earl Durham
ADDRESS: James Ill

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 CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contracted pelvis. Occiput posterior — INTERVAL BETWEEN ONSET AND DEATH

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cephalic trauma
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): Cape Girardeau Mo, Cape. Co.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 8/1st, 1950, *to* 8/1st, 1950, *that I last saw the deceased alive on* 8/1st, 1950, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H Cochran M.D. (Degree or title)
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 8/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug2 1950
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24d. LOCATION (City, town, or county) (State): Jonesboro Ill.

DATE REC'D BY LOCAL REG.: 8-2-1950
REGISTRAR'S SIGNATURE: C. C. Simmons
25. FUNERAL DIRECTOR'S SIGNATURE: Joe G. Hovell
ADDRESS: Cape Gir Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 7 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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.