S. No. 300
v. 10.48

FILED AUG 11 1950

Dr Nussboum

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22992

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 230

0164

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

1. PLACE OF DEATH

a. COUNTY: Cape ~~Co~~ Girardeau

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau, Mo

c. LENGTH OF STAY (in this place): 3. Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South East Hospt Cape Girardeau, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: New Madrid

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse, Mo 0720

d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)

a. (First): William b. (Middle): Omer c. (Last): Wall

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1950

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2

8. DATE OF BIRTH: 7/12/80

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 0 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H&H. Lumber Mill

10b. KIND OF BUSINESS OR INDUSTRY: Foreman

11. BIRTHPLACE (State or foreign country): Tenn 1

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

13a. FATHER'S NAME: William Wall

13b. MOTHER'S MAIDEN NAME: Francis Grifit

14. NAME OF HUSBAND OR WIFE: Lula Wall

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.: 490-01-3588

17. INFORMANT'S SIGNATURE OR NAME: Lula Wall Morehouse, Mo 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 CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cancer of prostate

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

177X

19a. DATE OF OPERATION: 7-21-50

19b. MAJOR FINDINGS OF OPERATION: Cancer of Prostate

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) 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* 7-19, 1950, *to* 7-21, 1950, *that I last saw the deceased alive on* 7-21, 1950, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul B Nussbaum MD

23b. ADDRESS: Cape Girardeau Mo

23c. DATE SIGNED: 7-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 7/23/50

24c. NAME OF CEMETERY OR CREMATORY: Matthews Cemetery

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

DATE REC'D BY LOCAL REG.: 7-31-1950

REGISTRAR'S SIGNATURE: C. C. Summers 441

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John Albritton, Sikeston, 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 _____ working under my personal supervision.

Student Embalmer No. _____

Signed _____ Student Embalmer

Signed _____

Licensed Embalmer No. 2941

P. O. Address _____

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.