

26232

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 13 1950 STANDARD CERTIFICATE OF DEATH

State File No. _____

1-54
10-48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD (Don't use blue ink)

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>275</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau City</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		0164			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Box 31</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2, Box 31</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>			b. (Middle) <u>Echols</u>		c. (Last) <u>Echols</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1950</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 15, 1892</u>			
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>Hernando, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Elbert Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Viridia Echols</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Viridia Echols, R. 2, Box 31, Mo.</u>				ADDRESS <u>Cape Girardeau, Mo.</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 Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.				DUE TO (b) <u>arterio-sclerotic Hypertension</u>		2 years			
				DUE TO (c) <u>arterio-sclerosis generalizet.</u>		4201			
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) m.		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>July</u> , 19 <u>47</u> , to <u>Sept 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 5</u> , 19 <u>50</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward D. Campbell M.D.</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>9/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-8-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> ADDRESS <u>Cape Girardeau, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 11 1950

HEALTH DEPARTMENT OFFICE No. 3

City of ...

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

Frank J. Sparks

Licensed Embalmer No. _____

3453-

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.