

S. No. 300  
V. 10.48

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26215

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 2160

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 Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>38 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1444 N. Water Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1444 N. Water Street</u>		d. STREET ADDRESS (If rural, give location) <u>1444 N. Water Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Niswonger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 16, 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Oak Ridge, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John T. Short</u>	
13b. MOTHER'S MAIDEN NAME <u>Niece Walker</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. S. Cannon-Cape Gir Mo</u> 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, ashenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous (origin undetermined)</u> 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. <u>1998</u>	
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 <u>Aug 1, 1950</u> , to <u>Aug 28, 1950</u> , that I last saw the deceased alive on <u>Aug 28, 1950</u> , and that death occurred at <u>7:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Croive</u> (Degree or title) _____		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>8/29/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Cannon</u> ADDRESS <u>Cape Gir Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-29-1950</u>		REGISTRAR'S SIGNATURE <u>L. C. Summers</u> ADDRESS _____	

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

RECEIVED

SEP 5 1950

DISTRICT HEALTH OFFICE No.

No. ....

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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 *A. H. Haman*

Licensed Embalmer No. *2863*

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.