

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32860

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>338</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau CITY</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>27 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.#1 Big Bend Road</u>		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D.#1 Big Bend Road</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D.#1 Big Bend Road</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Theresa</u>	b. (Middle) <u>Dede</u>	c. (Last) <u>Dede</u>	(Month) <u>Nov.</u>	(Day) <u>2</u>	(Year) <u>1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 3, 1867</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>New Wells, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Reisenbichler</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Carl A. Dede</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl A. Dede</u> ADDRESS <u>Cape Girardeau, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>					
*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused 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>MYOCARDITIS</u>					334X
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) (Minute)		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>11-2, 1950</u> , to <u>11-2, 1950</u> , that I last saw the deceased alive on <u>11/2, 1950</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. Smith MD</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>11/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-3-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Loberg</u> ADDRESS <u>Cape Girardeau, Mo.</u>			

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

RECEIVED

NOV 6 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Signed:
Student Embalmer

Signed *C. J. Loburg* Student Embalmer No.

Licensed Embalmer No. *3810*

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.