

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

465

State File No.

BIRTH NO. 798-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 24

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>Ballinger (Parents)</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>Sedgewickville MO??</u>	
c. LENGTH OF STAY (In this place) <u>3 minutes</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print), a. (First) <u>BABY</u> b. (Middle) <u>STATLER</u> c. (Last) <u>STATLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Jan. 8, 1951</u>		9. AGE (In years last birthday) <u>—</u> Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>3</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	

13a. FATHER'S NAME <u>EDGAR RICHARD STATLER</u>		13b. MOTHER'S MAIDEN NAME <u>VELMA ELIZABETH KAYSER</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VELMA KAYSER STATLER, Sedgewickville</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Difficult Labor and Prolapsed Cord. 12 lb-10 oz</u> DUPLICATE LABOR AND PROLAPSED CORD MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>—</u> DUE TO (c) <u>Inability to deliver shoulders.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 8, 1951, to Jan 8, 1951, that I last saw the deceased alive on Jan 8-7:47 PM, 1951, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Sebastian, M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>1-8-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sedgewickville Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-15-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. C. Aircraft-Jackson Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0164

RECEIVED

JAN 22 1951

DISTRICT HEALTH OFFICE NO

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.....

Not embalmed

Student Embalmer No.

working under my personal supervision. --

Student

Student Embalmer

Signed

Lynman Steele

Licensed Embalmer No. *2476*

P. O. Address *Jackson*

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.