

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4047

0164

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 9 yr.		0164 A	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1501 Water St.		d. STREET ADDRESS (If rural, give location) 1501 Water St.	

3. NAME OF DECEASED (Type or Print) Dorothy	a. (First)	b. (Middle) Elizabeth	c. (Last) Fagan	4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1951
--	------------	------------------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 9, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 5 MIN. Min.
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (State or foreign country) Knoxville, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME John Steward	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. C. L. Young 1501 Water St. Cape Girardeau, Mo.
--	-----------------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
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"/>
------------------------	----------------------------------	--

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) (Min.)	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 2/16, 1951, to Feb 16, 1951, that I last saw the deceased alive on Feb 16, 1951, and that death occurred at 7:2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED 2/24/51
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-18-51	24c. NAME OF CEMETERY OR CREMATORY Rock Hill Cemetery	24d. LOCATION (City, town, or county) (State) Puxico, Mo. Route 1
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 2-25-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Watkins Funeral Ser. Dexter, Mo.
---	--	--

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

RECEIVED

MAR 5 1951

DISTRICT HEALTH OFFICE No.

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Walter Marsh Walker*

Licensed Embalmer No. *4717*

P. O. Address *Deputy 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.