.S. No. 300
EV. 10.48

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FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11843

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SE. Mo Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural Kelso Twp.
d. STREET ADDRESS (If rural, give location): 1000 1

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Lee
c. (Last): Story

4. DATE OF DEATH (Month) (Day) (Year): Apr. 6 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 22 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired RR Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Frisco RR.
11. BIRTHPLACE (State or foreign country): Benton, Ky
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Ben B Story
13b. MOTHER'S MAIDEN NAME: Dora Griffith
14. NAME OF HUSBAND OR WIFE: Nettie Cox Story
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-07-1494
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nettie Story — ADDRESS: Chaffee, Mo

MEDICAL CERTIFICATION

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): Acute Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): (EKG-diagnosis).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30/, 1951, *to* 4/5/, 19 51, *that I last saw the deceased alive on* 4/4, 19 51, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Albert M. Estes (Degree or title) MD
23b. ADDRESS: Cape Girardeau 714 Bd. Way Mo
23c. DATE SIGNED: 4-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-1951
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo

DATE REC'D BY LOCAL REG.: 4-12-1951
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Bolsinghoff Funeral Home Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1951

RECEIVED
APR 16 1951
DISTRICT HEALTH OFFICE No. 6

APR 21 1951

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 Raymond B Wilson, working under my personal supervision.

Student Embalmer No. 416

Signed Raymond B. Wilson
Student Embalmer

Signed Mamie Bushenghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.