

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19606

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>223</u>	
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 Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>91yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo. 0164</u>		d. STREET ADDRESS (If rural, give location) <u>718 Merriwether</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>June 8 1951</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Algern</u>		b. (Middle) <u>Arnold</u>		c. (Last) <u>Deevers</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 18- 1856</u>	
9. AGE (In years last birthday) <u>94</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian Bldg.</u>		11. BIRTHPLACE (State or foreign country) <u>Portsmouth Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>David Deevers</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bedford</u>		14. NAME OF HUSBAND OR WIFE <u>Malinda (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Link</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Horner Deevers</u>		ADDRESS <u>Marble Hill Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Intertrochanteric fracture of</u> DUE TO (c) <u>left hip and skull injury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>2 days</u> <u>69035</u> <u>44</u> <u>12 hrs</u>	
19a. DATE OF OPERATION <u>June 8-1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture left hip 115</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau, Cape Girardeau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 7, 1951, 9a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on side walk</u>			
22. I hereby certify that I attended the deceased from <u>June 7</u> , 19 <u>51</u> , to <u>June 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 8</u> , 19 <u>51</u> , and that death occurred at <u>6:15 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>P.A. Ritter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Cape Girardeau Mo.</u>		23c. DATE SIGNED <u>6-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 10 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorimer</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-11-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Joe S. Howell</u>		ADDRESS <u>Cape Gir Mo</u>	

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

164  
U

RECEIVED

JUN 13 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

JUN 31 1952

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.