

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19618

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 243

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. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 61 North Hanover Street			

3. NAME OF DECEASED (Type or Print) LORENE F. PATRICK			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1898		9. AGE (In years of last birthday) IF UNDER 1 YEAR 52 11 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Henry Scherff		13b. MOTHER'S MAIDEN NAME Mary Vandoren		14. NAME OF HUSBAND OR WIFE William Patrick	
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Patrick 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Breast & Metastasis			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. to Sepsis & Fever			
		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 Feb 19 50		19b. MAJOR FINDINGS OF OPERATION Ca Breast + axilla		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) m.	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 Feb, 1950, to June 30, 1951, that I last saw the deceased alive on 6-30, 1951, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Frank Hall M.D.		(Degree or title)		23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 7-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		

DATE REC'D BY LOCAL REG. 7-3-1951	REGISTRAR'S SIGNATURE C. C. Summers		44		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walters Funeral Home Cape Gir., Mo.	
---	---	--	----	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

164

RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.

AUG 4 1955

AUG 3 1955

RECEIVED

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 *Wigil K. Welch*

Licensed Embalmer No. *4102*

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.

2