

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29706

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 322

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/ship) <u>Cape Girardeau, RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau,</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Hopper Rd. 1Mi. West Hgw'y # 61</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hopper Rd. 1Mi. W. Hgw'y.61</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Joyce</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18, 1877</u>	9. AGE (In years) (last birthday) <u>73</u>	# UNDER 1 YEAR (Months) (Days) <u>11 6</u>	# UNDER 2 HRS. (Hours) (Min.) <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dave Giboney</u>	13b. MOTHER'S MAIDEN NAME <u>Isabelle Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Lee Joyce</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rob't. Lee Joyce, Cape Girardeau, Mo.</u>	ADDRESS <u>Cape Girardeau, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2-3 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardio vascular disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>4/221</u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK () <u></u>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 12 Sep, 1951, to 24 Sep, 1951, that I last saw the deceased alive on 23 Sep, 1951, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh V. Ashley, Jr. M.D.</u>	(Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>25 Sep 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Joyce Cemetery</u>	24d. LOCATION (City, town, or county) <u>Hopper Rd. Cape Girardeau, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-23-51</u>	REGISTRAR'S SIGNATURE <u>G. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>For Young Fun. Home</u>	ADDRESS <u>Cape Girardeau, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED OCT 2 1951

RECEIVED

OCT 1 1951

DISTRICT HEALTH OFFICE No. 6

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.....

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Lavelle Green

Licensed Embalmer No. 4736

P. O. Address Cape Girardeau, Missouri

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.