

No. 300  
10.48

FILED NOV 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36585

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 381

164

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

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 township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> <u>1154</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>921 Perry Avenue</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVE</u> b. (Middle) <u>M.</u> c. (Last) <u>HADDOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 21, 1957</u>		
---	--	--	---	--	--

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>December 24, 1876</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
-------------------------	--	----------------------------------	--	--	--	--	--	---	--

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>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
---	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>James M. McDonald</u>		13b. MOTHER'S MAIDEN NAME <u>Arma Erwin</u>		14. NAME OF HUSBAND OR WIFE <u>T. J. Haddock</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. J. Haddock</u>		ADDRESS <u>Cape Girardeau, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete A-V heart block</u>				<u>10 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>				<u>?</u>	
		DUE TO (c) <u>Hypertension</u>				<u>?</u>	
		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 <u>4201</u>		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 1-30-, 1948, to Nov 21, 1957, that I last saw the deceased alive on Nov 21, 1957, and that death occurred at 11-35 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Wilson, M.D.</u>		(Degree or title)		23b. ADDRESS <u>714 Broadway Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>11-23-57</u>	
--	--	-------------------	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 24, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
--	--	-----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>11-23-57</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walker's Funeral Home</u>		ADDRESS <u>Cape Gir., Mo.</u>	
---	--	---	--	--	--	----------------------------------	--

RECEIVED

NOV 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

JAN 27 1961

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 *Jurgel K. Kelch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Stradman*.....

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.