

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40396**

FILED DEC 8- 1957

BIRTH NO.		REG. DIST. NO. <b>331</b>	PRIMARY REG. DIST. NO. <b>4484</b>	Registrar's No. <b>50</b>
1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Commerce</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Commerce</b>		
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>Gen. Del.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lizzie</b>		b. (Middle) <b>Collier - Cage</b>		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 24, 1951</b>		5. SEX <b>Female</b>		
6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
8. DATE OF BIRTH <b>March 1, 1893</b>		9. AGE (In years last birthday) <b>58</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Commerce, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Bradley</b>		
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Cage</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Palmer</b>
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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 <b>Jan 6, 1950</b> , to <b>Nov 6, 1951</b> , that I last saw the deceased alive on <b>Nov 6, 1951</b> , and that death occurred at <b>5:00 Am.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>F. W. Martin</b>		23b. ADDRESS <b>D. O. I. H. M. O. Mo</b>		23c. DATE SIGNED <b>11-29-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 29, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Commerce, Missouri</b>
24d. LOCATION (City, town, or county) (State) <b>Commerce, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. J. Sparks</b>		
DATE REC'D BY LOCAL REG. <b>Nov-4-51</b>		REGISTRAR'S SIGNATURE <b>Ms Addie Barnes</b>		ADDRESS <b>Cape Girardeau, Mo.</b>

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

RECEIVED DEC 3 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1251-259

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**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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Depto. Guardian

**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.