

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>330</u>		PRIMARY REG. DIST. NO. <u>4112</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Anzell, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None - Highway 61</u>				d. STREET ADDRESS (If rural, give location) <u>626 Charles St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u>		b. (Middle) _____		c. (Last) <u>Eifert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1952</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>Jan .10- 1910</u>	
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 YEAR Days <u>4</u>		IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restnrant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Seabaugh</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Estes</u>			14. NAME OF HUSBAND OR WIFE <u>William Eifert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Eifert Cape Gir Mo</u> ADDRESS _____			
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) <u>Collapsed Chest, Internal Hemorrhage</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Scott MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 14 52 1:40 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on Collision Station Wagon &amp; Truck</u>			
22. I hereby certify that I attended the deceased from <u>First Call after death</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edie Pae 3</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Dixton Mo</u>		23c. DATE SIGNED <u>2/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 16 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-17-52</u>		REGISTRAR'S SIGNATURE <u>G. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. G. Howell</u>		ADDRESS <u>Cape Gir Mo</u>	

RECEIVED FEB 29 1952  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-65

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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 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.