

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7646

State File No.

| | | | | | | | | |
|---|--|--|---|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>53</u> | | PRIMARY REG. DIST. NO. <u>3010</u> | | Registrar's No. <u>87</u> | | |
| 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. LENGTH OF STAY (in this place) <u>31 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> <u>0164</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1414 Perryville Road</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1414 Perryville Road</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>MARGARET</u> <u>JOSEPHINE</u> <u>MOUSER</u> | | | 4. DATE OF DEATH <u>March 17, 1952</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>November 17, 1874</u> | | |
| 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u> | | IF UNDER 1 HR. Hours <u></u> Mins. <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>Green County, Indiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Silas McCormick</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ault</u> | | | 14. NAME OF HUSBAND OR WIFE <u>George E. Mouser</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 ADDRESS <u>Mrs. J. M. Tenkhoff Cape Gir., 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Exsanguination</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spontaneous Hemorrhage at the elementary tract</u> DUE TO (c) <u>Primary Carcinoma of Uterus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>? years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>174X</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) (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 <u>Feb. 10, 1948</u> to <u>March 17, 1952</u> , that I last saw the deceased alive on <u>March 17, 1952</u> and that death occurred at <u>7:45 pm.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George W. Ringland D.O.</u> | | | | 23b. ADDRESS <u>46 N. Main Cape Girardeau</u> | | 23c. DATE SIGNED <u>March 18, 1952</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>March 20, 1952</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>3-18-52</u> | | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walther's Funeral Home</u> | | ADDRESS <u>Cape Gir., Mo.</u> | | |

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

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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

Virgil H. Helek

Licensed Embalmer No. *4102*

P. O. Address *Rape Guardsea, 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.