

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. H.B. Schumy
State File No. 15792

JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 159

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>Sumner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>	c. LENGTH OF STAY (In this place) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> <u>15782</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>East 7th st</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u> b. (Middle) _____ c. (Last) <u>JAMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-29-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>about 100 yrs old</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If you give war or date of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Mae Miller</u> ADDRESS <u>Cape Girardeau</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, ashenia, 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>Senility</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age</u> DUE TO (c) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 25, 1952 to May 27, 1952 that I last saw the deceased alive on 5/26, 1952 and that death occurred at 3 a. m., from the cause and on the date stated above.

23a. SIGNATURE <u>H.B. Schumy M.D.</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>5/27/52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>	24d. LOCATION (City, town, or parish) (State) <u>Cape Girardeau Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-1-52</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Foye and Co. Cape Girardeau Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

0164

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 Noel C. Dean.....

Licensed Embalmer No. 3941.....

P. O. Address Caruthersville, 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.