S. No. 300
v. 10.48

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

STANDARD CERTIFICATE OF DEATH

State File No. 19713

JUL 7 1952

BIRTH NO. 34589 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 202

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): 11 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL SYLVIANA TWNSHP
d. STREET ADDRESS (If rural, give location): R. F. D. #2 CHAFFEE, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): ~~MICKIE~~
b. (Middle): MARY ~~MARIE~~ ANN
c. (Last): HEISSERER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 25 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JUNE 25 1952
9. AGE (In years last birthday): —
If under 1 year: Months —, Days —, Hours 11, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: CLEOPHAS F. HEISSERER
13b. MOTHER'S MAIDEN NAME: LAVADA B. DANNENMUELLER
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CLEOPHAS HEISSERER
ADDRESS: CHAFFEE, MO.

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) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Congenital Cretinism

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 ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-25, 19 52, *to* 6/25, 19 52, *that I last saw the deceased alive on* 6/25, 19 52, *and that death occurred at* 16:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. O. Fleming (Degree or title): MD
23b. ADDRESS: Chaffee Mo R1-Box 1
23c. DATE SIGNED: 6/28

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 26 1952
24c. NAME OF CEMETERY OR CREMATORY: GUARDIAN ANGELS
24d. LOCATION (City, town, or county): ORAN SCOTT COUNTY (State): MO.

DATE REC'D BY LOCAL REG.: 6-29-52
REGISTRAR'S SIGNATURE: E. E. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith
ADDRESS: ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, ~~or by~~ .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Orion, 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.