

THE DIVISION OF HEALTH - MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

30985

State File No. 4079

1952 OCT 7

BIRTH NO. REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4079 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Randhes</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Randhes</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of John W Jones</u>			

3. NAME OF DECEASED a. (First) <u>Nancy</u>		b. (Middle) <u>N.M.A.</u>		c. (Last) <u>Steeche</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 29 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</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>90 to 100 yr</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George Arbucke</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John Steeche</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, sp. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John W Jones</u> ADDRESS <u>Randles Mo</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, asthma, 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>meningitis of bowel and stomach</u>		DUE TO (b) <u>age</u>				3 or 4 weeks.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>heart condition (myocarditis)</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0969</u>		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 Sep 27, 1952, to Sep 29, 1952, that I last saw the deceased alive on 29, 1952, and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Davault MD</u> (Degree or title)		23b. ADDRESS <u>Selta Mo</u>		23c. DATE SIGNED <u>Sep 29 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perkins</u>		24d. LOCATION (City, town, or county) (State) <u>Perkins Mo</u>	
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DATE REC'D BY LOCAL REG <u>Oct 30</u>		REGISTRAR'S SIGNATURE <u>D.S. Suber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u> ADDRESS <u>Chaffee Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1160

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 Oliver Camick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.