

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37929

No. 300
10. 48

FILED DEC 1 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 374

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>Douglas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0090</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Southeast Mo Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3 N. East Sedgewickville</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY ELIZABETH</u> b. (Middle) <u>STATLER</u> c. (Last) <u>STATLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1952</u>		
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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>May 5, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sedgewickville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Crites</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Barks</u>	14. NAME OF HUSBAND OR WIFE <u>Peter Statler</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dale Statler</u>	ADDRESS <u>Sedgewickville 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 <u>1 yr +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pyelonephritis</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Essential arteriosclerosis</u> <u>Diabetes mellitus</u>		<u>5 yrs +</u> <u>5 yrs +</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>6.000</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) (Min.)	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 November, 1951, to 19 Nov, 1952, that I last saw the deceased alive on 19 Nov, 1952, and that death occurred at 4 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. O. Kealaugh, M.D.</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>25 Nov 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>	24d. LOCATION (City, town, or county) (State) <u>Sedgewickville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-25-52</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller Jackson</u>	ADDRESS <u>Mo.</u>
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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 Gene C. Cacciat

Licensed Embalmer No. 4327

P. O. Address Jackson, Ma

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.