

FILED JAN 19 1953

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH44406
State File No.

164
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BIRTH NO. 27977 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 9

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>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kelso Township</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Illmo RFD #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Martha Sue Willis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 7, 1952</u>
9. AGE (In years) (If under 1 year: last birthday) (If under 1 year: Months) (If under 1 year: Days) (If under 1 year: Hours) (If under 1 year: Min.) <u>0 7 11</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Jake Willis</u>		13b. MOTHER'S MAIDEN NAME <u>Wanda Browning</u>	
14. NAME OF HUSBAND OR WIFE			
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>Jake Willis-RFD # 1, Illmo, Missouri</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumococcus bacillus</u> DUE TO (c) <u>490X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition; cardiac decompensation</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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>June, 1952</u> to <u>Dec 18, 1952</u> , that I last saw the deceased alive on <u>Dec 18, 1952</u> , and that death occurred at <u>7:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George W. England M.D.</u>		23b. ADDRESS <u>46 N. Main Cape Girardeau</u>	
23c. DATE SIGNED <u>Dec 31, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 20, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-14-53</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Sigelhoff - Chaffee</u>		ADDRESS <u>Missouri</u>	

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

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 *Jack J. Burnett* _____

Licensed Embalmer No. *4473* _____

P. O. Address *Chaffee, Missouri* _____

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.