

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **549**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Town Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Town Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) Daisy Ave.	
3. NAME OF DECEASED (Type or Print) WILLIAM (NMI) KURRE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14 1916
9. AGE (In years last birthday) 36		10. KIND OF BUSINESS OR INDUSTRY Shoe Industry	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G.C. Kurre	
13b. MOTHER'S MAIDEN NAME Fulbright		14. NAME OF HUSBAND OR WIFE Wilma Crites Kurre	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 489 03 7798	
17. INFORMANT'S SIGNATURE OR NAME Wilma Kurre Jackson, Mo.		ADDRESS Jackson, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of bowel DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X	
19a. DATE OF OPERATION Aug 1-1951		19b. MAJOR FINDINGS OF OPERATION Generalized Carcinoma arising from bowel	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (a.e., 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 April 20, 1952 to Jan 16, 1953 , that I last saw the deceased alive on Jan 15, 1953 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. Ritter		23b. ADDRESS Cape Girardeau Mo	
23c. DATE SIGNED 1-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19. 53	
24c. NAME OF CEMETERY OR CREMATORY Russell Heights		24d. LOCATION (City, town, or county) (State) Jackson, Mo.	
DATE REC'D BY LOCAL REG. 1-26-53		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE McComb Funeral Home Co. Jackson, Mo.		ADDRESS Jackson, Mo.	

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

0164

0161

MAR 13 1953

APR 17 1953

OCT 6 1954

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 Thos. W. Allen

Licensed Embalmer No. 54055

P. O. Address Jackson

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.