

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9072

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau Mo. 0164</u>	
c. LENGTH OF STAY (in this place) <u>40yrs</u>		d. STREET ADDRESS (If rural, give location) <u>500 Bdway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) _____ c. (Last) <u>Metzler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1953 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 25 1877</u>	9. AGE (In years last birthday) <u>75</u>	10. MONTHS <u>3</u> 11. DAYS <u>11</u> 12. HOURS <u>11</u> 13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A</u>					

13a. FATHER'S NAME <u>Joe Able</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>J. Metzler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Metzler</u> ADDRESS <u>Cape Girardeau Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial Deconpensation</u>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) <u>Myocarditis</u>			<u>1 yr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arterio sclerosis - Hypertension</u>			<u>3 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Mal nutrition - Anemia</u>			<u>3 months</u>	
19a. TYPE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. HOW DID INJURY OCCUR? <u>443X</u>			

22. I hereby certify that I attended the deceased from Jan 1950 to Apr. 6, 1953, that I last saw the deceased alive on Apr. 4, 1953, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Wines</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>4/7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) <u>Cape Girardeau Mo</u>		24e. (State) _____			

DATE REC'D BY LOCAL REG. <u>4-7-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Joe S. Howell</u> ADDRESS <u>Cape Girardeau Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

164

This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MAR 30 1955

APR 1 1955

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

*W. H. Eotax*

Licensed Embalmer No. *3568*

P. O. Address

*Cap Hill 200*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

9072

State of Missouri

State File No.

County of Cape Girardeau

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 99

On this 5th day of April, 1955, before me appears

his oath, states that the original record of ~~his~~ death

for Katherine Metzler died April 6, 1953 ~~XXXX~~ in the State of Missouri, and which was filed at Jefferson City on April 14, 1953, should be corrected as follows:

Item No. 4 should read April 6, 1953

Instead of April 6, 1853

Item No. 14, 17 should read J. H. Metzler

Instead of J. W. Metzler

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *J. H. Metzler* husband Relationship.

c/o R. P. Smith, Cape Girardeau, Missouri.  
Present Address.

Subscribed and sworn to before me this 5th day of April, 1955

My Commission expires 11-17-58

*R. P. Smith* Notary Public.

5- 9092 .