

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9075**

FILED MAR 16 1953

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| BIRTH NO. _____ | | REG. DIST. NO. 53 | | PRIMARY REG. DIST. NO. 3010 | | Registrar's No. 716 | | |
| 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 Gir | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | | c. LENGTH OF STAY (in this place) 59 yr | | c. CITY (If outside corporate limits, write RURAL and give township) 537 Albert | | 0164 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION South East Hospital | | | | d. STREET ADDRESS (If rural, give location) Cape Girardeau Mo. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) Amie c. (Last) Retherford | | | 4. DATE OF DEATH (Month) (Day) (Year) Mar 7 1953 | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept 25 1891 | | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 5 Days 12 | IF UNDER 24 HRS. Hours 12 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Indiana, Jefferson County | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | |
| 13a. FATHER'S NAME George Nichols | | 13b. MOTHER'S MAIDEN NAME Clara Lehring | | 14. NAME OF HUSBAND OR WIFE Tom Retherford Cape. | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Thomas Retherford 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. NO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon with metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| 19a. DATE OF OPERATION 8/6/52 | | 19b. MAJOR FINDINGS OF OPERATION Non-operable carcinoma | | | | 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) (Min.) | | 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 3/22 , 1952, to 3/7 , 1953, that I last saw the deceased alive on 3/7 , 1953, and that death occurred at 10 P. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>[Signature]</i> | | | | 23b. ADDRESS Cape Girardeau, Mo. | | 23c. DATE SIGNED 3/13/52 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar 10 1953 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo. | | | |
| DATE REC'D BY LOCAL REG. 3-13-53 | | REGISTRAR'S SIGNATURE C. C. Summers | | 25. FUNERAL DIRECTOR'S SIGNATURE Joe G. Howell | | ADDRESS Cape Gir Mo. | | |

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

0164

APR 20 1953
APR 21 1953

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. Jones

Licensed Embalmer No. 3568

P. O. Address Op. H. Co.

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.