

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 17310
 518 S

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Alexander		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Gir. Rural		c. LENGTH OF STAY (in this place) none	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McClure Ill		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION None. Died Highway 61- Accident			d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) a. (First) Lucille		b. (Middle) Landerth		c. (Last) _____	
4. DATE OF DEATH		5. MONTH		6. DAY	
May		30		1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR
			June 9 1919	34	Months Days
					11 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) McClure Ill	
12. CITIZEN OF WHAT COUNTRY? U.S. A		13a. FATHER'S NAME Samuel Walker		13b. MOTHER'S MAIDEN NAME Maude Carrio	
14. NAME OF HUSBAND OR WIFE Frank Landerth McClure		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 Frank Landerth McClure Ill		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61 & 74		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau Cape Gir. Mo.	
21d. TIME OF INJURY May 31 1953 12:10 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto turned over	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Thomas F. Klauer Deputy Coroner			23b. ADDRESS Jackson mo		23c. DATE SIGNED 6/3/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 1 1953	24c. NAME OF CEMETERY OR CREMATORY Lindsay Cemetery		24d. LOCATION (City, town, or county) (State) McClure Ill
DATE REC'D BY LOCAL REG 6-3-53		REGISTRAR'S SIGNATURE C. C. Summers		FUNERAL DIRECTOR'S SIGNATURE Joe G. Howell ADDRESS Cape Gir. Mo.	

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

 16
3

JUN 10 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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cap. Hill Rd

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.