

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 186

64  
0

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cape Girardeau,  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before education).<br>a. STATE Missouri b. COUNTY Cape Girardeau |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau, Missouri                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital                           |  | d. STREET ADDRESS (If rural, give location) 1121 South Ellis   |  |

|   |                  |                  |  |
|---|------------------|------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Clara | b. (Middle) Dena | c. (Last) Wallis | 4. DATE OF DEATH (Month) June (Day) 19, (Year) '53 |
|---|------------------|------------------|--|

|           |                     |  |                               |                                    |                        |                      |                      |
|-----------|---------------------|--|-------------------------------|------------------------------------|------------------------|----------------------|----------------------|
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 7, 1898 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
|-----------|---------------------|--|-------------------------------|------------------------------------|------------------------|----------------------|----------------------|

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|--|---|-------------------------------------|

|                                     |  |  |
|-------------------------------------|--|--|
| 13a. FATHER'S NAME Louis F. Brunke. | 13b. MOTHER'S MAIDEN NAME Ida Klaproth | 14. NAME OF HUSBAND OR WIFE C. H. Wallis |
|-------------------------------------|--|--|

|   |                              |  |         |
|---|------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME C.H. Wallis, Cape Girardeau, Mo. | ADDRESS |
|---|------------------------------|--|---------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br>1-2 months<br>5 days<br>? |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) pneumonia<br>DUE TO (c) meningitis |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) | 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 March 18, 1953, to June 19, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 10:30 am., from the causes and on the date stated above.

|  |   |                                       |
|--|---|---------------------------------------|
| 23a. SIGNATURE <u>George W. Gunglind</u> (Degree or title) <u>DO</u> | 23b. ADDRESS <u>46 W. Main Cape Girardeau</u> | 23c. DATE SIGNED <u>June 23, 1953</u> |
|--|---|---------------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 21, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lorimer</u> | 24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u> |
|---|--------------------------------|---|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>10-22-53</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Sobey</u> ADDRESS <u>Cape Girardeau</u> |
|--|--|---|

JUL 31 1953

**STATEMENT BY LICENSED EMBALMER**

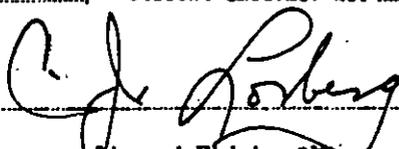
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No.

3810

P. O. Address

Cape Girardeau

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.