V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27969

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 241

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Jackson
c. CITY OR TOWN: Carbondale
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Gen Del. 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle):
c. (Last): McCartney

4. DATE OF DEATH (Month) (Day) (Year): Aug 6 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 3 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 2, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Terre Haute Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Iva Mills
13b. MOTHER'S MAIDEN NAME: Mary Ellen Moore
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Loren Pott Cape Girardeau MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION — INTERVAL BETWEEN

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 11 Intestinal obstruction (Ulcerative colitis infection).

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (2 Fracture left hip (Had surgery).
DUE TO (c) (3 Left hemiplegia (Right apoplexy).

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (4 Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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): 812
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1953, *to* August 6, 1953, *that I last saw the deceased alive on* August 6, 1953, *and that death occurred at* 9:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert M. Estes MD
23b. ADDRESS: 714 Broadway, Cape Girardeau, Mo.
23c. DATE SIGNED: 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. Burial
24b. DATE: Aug 7 1953
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Webb City Mo.

DATE REC'D BY LOCAL REG.: 8-11-53
REGISTRAR'S SIGNATURE: C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Joe G. Howell Cape Gir. Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 19[illegible]

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.....
Signature of Student Embalmer

Signed C. H. Eester

Licensed Embalmer No. 3568

P. O. Address Cape Gir[illegible]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.