

FILED NOV 2-1953

STANDARD CERTIFICATE OF DEATH

State File No. **35235**

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 309	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 1 WK.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter 10-31			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) ?		c. (Last) GAHES.	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1953		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Nov. 17, 1877		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of weeks (If, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Dresden, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leonard Higgs		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE deceased			
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. X X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilbert Fales Dexter, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Jaundice - Cause undetermined ANTECEDENT CAUSES vomiting - Cause undetermined Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 75% subtotal hepatectomy DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 mo. 1951	
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 10-1 , 19 53 , to 10-28 , 19 53 , that I last saw the deceased alive on 10-27 , 19 53 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank Hael M.D.				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 10-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-30-53		24c. NAME OF CEMETERY OR CREMATORY Piggott Ark. cemetery		24d. LOCATION (City, town, or county) (State) Piggott, Ark.	
DATE REC'D BY LOCAL REG. 10-30-53		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.		ADDRESS Dexter, Mo.	

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

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 _____

Earl H. Watkins

Student Embalmer No. 489

working under my personal supervision.

Student *Earl H. Watkins*
Student Embalmer

Signed *Walter Marsh Watkins*

Licensed Embalmer No. 4717

P. O. Address *Decker, Mo'*

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.