

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **496**

No. 300  
10-48

FILED JAN 27 1954

BIRTH NO. _____		REG. DIST. NO. <b>57</b>		PRIMARY REG. DIST. NO. <b>3669</b>		Registrar's No. <b>4</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Cape Girardeau 3</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson Mo</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>614 Cape Road</b>		c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>614 Cape Road</b>		0161 0	
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>				
a. (First) <b>Minnie</b>		b. (Middle) <b>Caroline</b>		c. (Last) <b>Statler</b>		Date: <b>Jan. 14 1954</b>	
<b>5. SEX</b> <b>F</b>		<b>6. COLOR OR RACE</b> <b>W</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>Feb 25 1866</b>	
<b>9. AGE</b> (In years last birthday) <b>87</b>		<b>10. MONTHS</b> <b>10</b>		<b>11. DAYS</b> <b>19</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work during most of working life, even if retired) <b>House Wife</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Keeping House</b>			<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	
<b>13a. FATHER'S NAME</b> <b>Conrad Friese</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Harte</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henry Statler Dec</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Turner Smith</b>			
				<b>ADDRESS</b> <b>Jackson Mo</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>					
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardiac decompensation and fracture</b>					
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Systolic &amp; diastolic hypertension</b>					
		DUE TO (c) <b>Coronary sclerosis</b>					
		<b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>4201</b>		<b>(COUNTY)</b> <b>JACKSON</b>	
				<b>(STATE)</b> <b>MO</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>June 1, 1949</u> , to <u>Jan. 14th, 1954</u> , that I last saw the deceased alive on <u>Jan. 13th, 1954</u> , and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <b>Olberon M. Estes MD</b>				<b>23b. ADDRESS</b> <b>711 Broadway, Cape Girardeau, Mo.</b>		<b>23c. DATE SIGNED</b> <b>1-16-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Jan 16 1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Hedgecroftville</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hedgecroftville MO</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Jan 18-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>D. G. Suber</b>		<b>43</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Denette - Laird</b>	
						<b>ADDRESS</b> <b>Jackson Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed P. O. Laid

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.