S. No. 300
V. 10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1954

State File No. 4208

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): 11 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CAPE OSTEOPATHIC HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
d. STREET ADDRESS (If rural, give location): 410 BLACK AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): GOLDIE
b. (Middle): EDNA
c. (Last): HARRIS

4. DATE OF DEATH (Month) (Day) (Year): 2-20-1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 1891-2-22
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 11 Days 28 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): HALELTON IND
12. CITIZEN OF WHAT COUNTRY?: U
13a. FATHER'S NAME: IOWA MOINDEN
13b. MOTHER'S MAIDEN NAME: ELIEIYA CASSINGER
14. NAME OF HUSBAND OR WIFE: GEORGE HARRIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mr. George Harris
ADDRESS: Chaffee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Surgical Shock — "
DUE TO (c) Exsanguination from Duod. Ulcer — 14 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Large Bleeding ulcer in 1st portion of Duodenum — 5410

19a. DATE OF OPERATION: 2/20/54
19b. MAJOR FINDINGS OF OPERATION: Large Bleeding Ulcer in 1st portion of Duodenum
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Chaffee Scott Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 2-6, 1954, *to* 2-20, 1954, *that I last saw the deceased alive on* 2-20, 1954, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Hehmeyer, D.O.
23b. ADDRESS: Chaffee Missouri
23c. DATE SIGNED: 2/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): B.
24b. DATE: 2-22-54
24c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEM.
24d. LOCATION (City, town, or county) (State): CHAFFEE MO.

DATE REC'D BY LOCAL REG.: 2-24-54
REGISTRAR'S SIGNATURE: 44-0 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: P M Stubblefield
ADDRESS: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 23 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 C. J. Lodwig

Licensed Embalmer No. 3510

P. O. Address Cape Girardeau, 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.