

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4213**

BIRTH NO. FILED **FEB 23 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township: OR TOWN <b>Cape Girardeau-R#2, Cape Twn.</b>	
c. LENGTH OF STAY (In this place) <b>12 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>Joyce Farm</b> <b>Rout #2 Cape Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgia</b>	b. (Middle) <b>Mildred</b>	c. (Last) <b>Joyce</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb, 17, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct, 17, 1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Teaching</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Scott County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edward Joyce</b>	13b. MOTHER'S MAIDEN NAME <b>Georgia Ann Ancell</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Link</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maple Joyce Cape Girardeau Mo</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b> DUE TO (c) <b>Cardio-Vascular Renal Syndrome</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arthritis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>1953</b>
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22. I hereby certify that I attended the deceased from **Oct. 10, 1953**, to **Feb 17, 1954**, that I last saw the deceased alive on **Feb 17, 1954**, and that death occurred at **7:02 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. J. Newell D.O.</b>	23b. ADDRESS <b>28 S. Spanish Cape Girardeau</b>	23c. DATE SIGNED <b>Feb 18, 1954</b>
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24a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 19, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Joyce Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-18-54</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. J. Haman</b>	ADDRESS <b>Cape Girardeau Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 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 *R. L. Haman*

Licensed Embalmer No. 2863

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.