

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

**4219**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ FILED FEB 23 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 99

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Cape Girardeau</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Cape Girardeau</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>407 Albert Street</u>			d. STREET ADDRESS (If rural, give location) <u>1740 N New Madrid</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Clarence</u>	b. (Middle) <u>Selvesta</u>	c. (Last) <u>Mecham</u>	(Month) <u>Feb.</u>	(Day) <u>15</u>	(Year) <u>1954</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July 16, 1875</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years last birthday) <u>78</u>	<b>IF UNDER 23 YEARS</b> (Month) <u>6</u>	<b>IF UNDER 12 HRS.</b> (Day) <u>29</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ferwick, Michigan</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>		

<b>13a. FATHER'S NAME</b> <u>George Mecham</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Sarah</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>90-21-5336</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Willie Mecham, Cape Girardeau, Mo.</u>

<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, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 years</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardiac emphysema</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u>		
<b>11. 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) (COUNTY) (STATE)</b> <u>4343</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<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>

**22. I hereby certify that I attended the deceased from** 4/10, 1944, to 2/15, 1954, that I last saw the deceased alive on 2/15, 1954, and that death occurred at 9:00 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>23b. ADDRESS</b> <u>2421 2nd St Cape Girardeau Mo</u>	<b>23c. DATE SIGNED</b> <u>2/15/54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-17-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lorimier</u>
<b>24d. LOCATION</b> (City, town, or county) <u>Cape Girardeau, Missouri</u>		<b>24e. (State)</b> <u>Missouri</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>2-20-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Philip J. Cassidy</u>	<b>ADDRESS</b> <u>Cape Girardeau, Mo.</u>
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(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 Philip J. Cassidy  
Licensed Embalmer No. 4618

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.