

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7947**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **127**

FILED MAR 29 1954

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY OR TOWN Cape Girardeau, Mo		c. CITY OR TOWN Canalou, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 days		e. STREET ADDRESS (If rural, give location) 0780 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Mo Hospt			

3. NAME OF DECEASED (Type or Print) W.F. Defoe			4. DATE OF DEATH (Month) (Day) (Year) 3 14 1954		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH 12/3/98		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown Brewer		14. NAME OF HUSBAND OR WIFE Sara Defoe	
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. None		17. INFORMANT'S SIGNATURE OR NAME Sara Defoe Canalou, Mo	
				ADDRESS _____	

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) Aseptic meningitis-encephalitis		INTERVAL BETWEEN ONSET AND DEATH 30 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not known			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3403	
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 **2-16**, 19**54**, to **3-14**, 19**54**, that I last saw the deceased alive on **3-14**, 19**54**, and that death occurred at **6:45P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr Robert Cochran MD		23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 3-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/16/54		24c. NAME OF CEMETERY OR CREMATORY Ceder creek cem	
24d. LOCATION (City, town, or county) (State) Ceder creek Ark		DATE REC'D BY LOCAL REG 11-22-54		REGISTRAR'S SIGNATURE C. C. Summers ADDRESS _____	
		44-0		GENERAL DIRECTOR'S SIGNATURE Wm J. ... ADDRESS _____	

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

124K

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John Alenton

Licensed Embalmer No. *29*

P. O. Address.....
Sp...

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**