

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11420

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>153</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u>				c. LENGTH OF STAY (in this place) <u>49 yrs.</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 North Pacific Street</u>				e. STREET ADDRESS (If rural, give location) <u>10 North Pacific Street</u>				0169 2	
3. NAME OF DECEASED (Type or Print) <u>MARGARET</u>			a. (First) <u>M.</u>		b. (Middle) <u>HARTUNG</u>		c. (Last)		
4. DATE OF DEATH <u>April 11, 1954</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>October 27, 1904</u>		9. AGE (In years last birthday) <u>49</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Missouri</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>William Hartung</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Weiss</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>490-05-5901</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Hartung</u>				
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) <u>Carcinoma ovary Rt</u> ANTECEDENT CAUSES <u>E METASTASIS TO LIVER</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>175X</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 Mo</u>	
19a. DATE OF OPERATION <u>June 6, 1953</u>			19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma ovary = metastasis to liver</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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 <u>June 1, 1953</u> to <u>April 11, 1954</u> , that I last saw the deceased alive on <u>April 11, 1954</u> and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward D Campbell M.D.</u>					23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>11 April 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>April 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-13-54</u>			REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home</u>				
			ADDRESS <u>Cape Gir.</u>						

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.....
Signature of Student Embalmer

Signed *Virgil H. Welch*.....

Licensed Embalmer No. *410*.....

P. O. Address *Cape Sable*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.