

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 12 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3010 Registrar's No. 251

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 township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>53 yrs</u>	c. CITY OR TOWN <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S E Mo Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>A</u> c. (Last) <u>Mammon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 20 1900</u>
9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	11. IF UNDER 24 HRS. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Egypt Mills Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Chas. Mammon</u>	
13b. MOTHER'S MAIDEN NAME <u>Nettie Poe</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edna Mammon</u>		ADDRESS <u>Cape Girardeau Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Shock syndrome</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>Due to Related pyonephrosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs ±</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs ±</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Good</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 13</u> , 19 <u>53</u> , to <u>July 5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 5/54</u> , 19 <u>54</u> , and that death occurred at <u>4:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John Crowl</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>July 7, 1954</u>		23c. DATE SIGNED <u>July 7, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-8-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-8-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Howell</u>		ADDRESS <u>Cape Girardeau Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1958

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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 *W. H. Estes*

Licensed Embalmer No. *356*

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