

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18211

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 567 Decatur Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 567 Decatur Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Octa	b. (Middle) Green	c. (Last) Pettit	4. DATE OF DEATH (Month) (Day) (Year) July 6 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 9, 1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME James Green	13b. MOTHER'S MAIDEN NAME Ida Swan	14. NAME OF HUSBAND OR WIFE None
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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 Richard Pettit, Cape Girardeau, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Biliary Ducts		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 April 12, 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of biliary ducts	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 4, 1953** to **July 6, 1954**, that I last saw the deceased alive on **July 6, 1954**, and that death occurred at **0:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John Crow	(Degree or title) M.D.	23b. ADDRESS Cape Girardeau, Mo	23c. DATE SIGNED July 7, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-8-54	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REG. 7-8-54	REGISTRAR'S SIGNATURE C. C. Summers	EMERALD DIRECTOR'S SIGNATURE John J. Cassidy	ADDRESS Ford Long Funeral Home Cape Girardeau, M
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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. Cassey

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.