

18214

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED JUL 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>249</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>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>CAPE GIRARDEAU</u>)		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY OR TOWN <u>ORAN</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>ST. FRANCIS HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>ORAN 1000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTILLIA</u> b. (Middle) _____ c. (Last) <u>SCHOTT</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>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 29 1887</u>		9. AGE (in years last birthday) <u>66</u>	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) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW HAMBURG MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>LOUIS LEGRAND</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HAKET</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES SCHOTT</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN SCHOTT</u> ADDRESS <u>ORAN, 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>Carcinoma of sigmoid and uterus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>153 X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
19a. DATE OF OPERATION <u>7-2-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid uterus</u>						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) _____			
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>July 1, 1954</u> to <u>July 5, 1954</u> , that I last saw the deceased alive on <u>7-5-54</u> , 19 <u>54</u> , and that death occurred at <u>6:50P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter H. Smith M.D.</u>				23b. ADDRESS <u>Cape Girardeau, MO</u>		23c. DATE SIGNED <u>7-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW GUARDIAN ANGELS</u>		24d. LOCATION (City, town, or county) (State) <u>ORAN MO.</u>		
DATE REC'D BY LOCAL REG. <u>7-7-54</u>		REGISTRAR'S SIGNATURE <u>W. C. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl [Signature]</u>		ADDRESS <u>ORAN, MO.</u>	

(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.....
Signature of Student Embalmer

Signed *Ed J. Smith*.....

Licensed Embalmer No. *3676*.....

P. O. Address *Oran, 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.