

FILED AUG 4 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. *5187* Registrar's No. *5187*

0160
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <i>52</i>		PRIMARY REG. DIST. NO. <i>5187</i>		Registrar's No. <i>5187</i>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Cape Girardeau		b. CITY (If outside corporate limits, write RURAL and give township) Allenville, Missouri		a. STATE Missouri		b. COUNTY Cape Girardeau	
c. LENGTH OF STAY (in this place) 19 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Allenville, Missouri		d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (in years last birthday)	
a. (First) Fred		b. (Middle) Lee		c. (Last) Lynn		6. DATE OF DEATH (Month) (Day) (Year) July 26 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 7, 1883	
9. AGE (in years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Tolu, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None	
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. 486-14-2899		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille Meyer Allenville, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Occlusion				1 hr	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b)	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				don't know.	
		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 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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 25 , 1954, to July 26 , 1954, that I last saw the deceased alive on July 26 , 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS M.D. Delta, Missouri		23c. DATE SIGNED 7/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-54		24c. NAME OF CEMETERY OR CREMATORY Oak Dale		24d. LOCATION (City, town, or county) (State) Commerce, Missouri	
DATE RECD BY LOCAL REG. Aug 31-54		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Ford-Young Funeral Home Cape Girardeau, Mo.	

AUG 5 1954

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. Cassedy.....

Licensed Embalmer No. 4618.....

P. O. Address Cape Girardeau, Missouri.....

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.