

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30012**

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **366**

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| 1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY BOLLINGER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARBLE HILL | |
| c. LENGTH OF STAY (in this place) 4 DAYS | | d. STREET ADDRESS (If rural, give location) NONE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CAPE OSTEOPATHIC HOSP. | | | |

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|---|---------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) ELIZABETHS JANE MCCREARY | | 4. DATE OF DEATH (Month) (Day) (Year) 9-1-54 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 8-17-1871 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F. | | 10b. KIND OF BUSINESS OR INDUSTRY - | 9. AGE (In years last birthday) 83 if under 1 year Months 0 Days 14 if under 12 hrs. Hours 14 Min. |
| 11. BIRTHPLACE (State or foreign country) MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE DECEASED |
| 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 JOHN W. WILLIAMS ADDRESS MARBLE HILL MO. |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs P.O. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) open Reduction of Rt. Hip | | |

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| 19a. DATE OF OPERATION 9/1/54 | 19b. MAJOR FINDINGS OF OPERATION Fracture of Rt. Hip at neck of femur | 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 **8P 30**, 19**54**, to **8-1**, 19**54**, that I last saw the deceased alive on **9-1-54**, 19**54**, and that death occurred at **8:25 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) G. H. Schmidt M.D. | 23b. ADDRESS 28 S. Sprague - Cape Girardeau | 23c. DATE SIGNED 9/7/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 9-4-54 | 24c. NAME OF CEMETERY OR CREMATORY BAKER CEM. |
| DATE REC'D BY LOCAL REG. 9-7-54 | REGISTRAR'S SIGNATURE T. G. Summers | 24d. LOCATION (City, town, or county) (State) UTESVILLE MO. |
| 25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME ADDRESS UTESVILLE, MO. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1966

APR 14 1966

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md

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.