

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33263

State File No. ....

FILED NOV 8 - 1954

52

3009

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
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) <u>Jackson mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson mo</u>		d. STREET ADDRESS (If rural, give location) <u>124 N Bust St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 N Bust St</u>				d. STREET ADDRESS (If rural, give location) <u>124 N Bust St</u>					
3. NAME OF DECEASED (Type or Print) <u>Gustav</u>			a. (First)		b. (Middle)		c. (Last) <u>Sevier</u>		
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Oct 27 1954</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 15-1889</u>		9. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>August Sevier</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Dingel</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Sevier</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>493-265620-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie Sevier Jackson</u>				ADDRESS	
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) <u>W.M.D. Cardiac</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Wont Throed</u>					
				DUE TO (c) <u>✓</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>									
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. 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>Feb 5, 1953</u> to <u>10-27, 1954</u> , that I last saw the deceased alive on <u>10-27, 1954</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W.P. L. Heubach MD</u>				23b. ADDRESS <u>Jackson MO</u>		23c. DATE SIGNED <u>10-28-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson MO</u>			
DATE REC'D BY LOCAL REG. <u>Nov 29-54</u>		REGISTRAR'S SIGNATURE <u>A. S. Silber</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Denette Laird</u>		ADDRESS <u>Jackson mo.</u>			

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 R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson 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.