

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7517**

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Cape Girardeau County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape 0169					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo.		c. LENGTH OF STAY (in this place) 11 Weeks		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				STREET ADDRESS (If rural, give location) Rural					
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Mary c. (Last) Caroline			4. DATE OF DEATH (Month) (Day) (Year) April 4 1955						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 28 1874			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 7 Days 66		IF UNDER 24 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) Aud Appleton Mo. 0			
12. CITIZENRY OF WHAT COUNTRY? U.S.A			13a. FATHER'S NAME Henry Happle		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE J.F. Hawn Cape Gir Mo.		
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr J.F. Hawn Cape Gir. Mo. R 1					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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) 4200 (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>2/10</u> , 19 <u>50</u> , to <u>4/4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/1</u> , 19 <u>55</u> , and that death occurred at <u>2 1/2</u> m., from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 4/4/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr 4 1955		24c. NAME OF CEMETERY OR CREMATORY Lorimier		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.			
DATE REC'D BY LOCAL REG. 4-6-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. ESTES Cape Gir Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1959

JUL 6 1962

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..... *W. H. Ester*

Licensed Embalmer No. *356*

P. O. Address *Page Six*

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.