

FILED MAY 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11232

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY MO CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY CAPE GIR	
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 21 days		c. CITY OR TOWN ALLENVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP				e. STREET ADDRESS (If rural, give location) MO. 0160	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MATHILDA	b. (Middle) CAROLINE	c. (Last) DEVORE	Month MAY	Day 1	Year 1955

5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1885-10-7	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 24	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) LAFLIN MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME GEORGE W. LEGGETT		13b. MOTHER'S MAIDEN NAME NANCY STRODER		14. NAME OF HUSBAND OR WIFE THOMAS J. DEVORE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. MISS		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas J. Devore, Allenville 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	ANTECEDENT CAUSES					10 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b)
	DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. Fracture Pelvis					10 days

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X F		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 22, 1955 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Cerebral Hemorrhage & fall on floor.			
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22. I hereby certify that I attended the deceased from 4-25, 1955, to 5-1, 1955, that I last saw the deceased alive on 5-1, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Hall (Degree or title) M.D.		23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 5-5-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 3-1955		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.		24d. LOCATION (City, town, or county) (State) ADVANCE MO	
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DATE REC'D BY LOCAL REG 5-6-55		REGISTRAR'S SIGNATURE C. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. Huber - Choffeaux			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 29 1961

62108 8 3 711

1955

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 *C. J. Loberg*

Licensed Embalmer No. 3870
P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.