

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14855

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Cape Girardeau, Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		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"/>	
c. LENGTH OF STAY (In this place) 3 days		STREET ADDRESS (If rural, give location) 1616 William St. 0169			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital					

3. NAME OF DECEASED (Type or Print) Leo Henry Commas			4. DATE OF DEATH May 25, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	
8. DATE OF BIRTH June 17, 1890		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) Near New Hamburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile			

13a. FATHER'S NAME John Commas		13b. MOTHER'S MAIDEN NAME Westrich		14. NAME OF HUSBAND OR WIFE	
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. 1-90-05-7799		17. INFORMANT'S SIGNATURE OR NAME Leo G. Commas Cape Girardeau, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Caudis. Musc Vasculu Sclerou		DUE TO (b) u				u	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 5-15, 1955, to 5-25, 1955, that I last saw the deceased alive on 5-24, 1955, and that death occurred at 5:00a. m., from the causes and on the date stated above.

23a. SIGNATURE M.D. 9		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 5-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/28/55/		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cenetery	
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.					

DATE REC'D BY LOCAL REG. 5-26-55		REGISTRAR'S SIGNATURE 44-0 T. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Cape Girardeau, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

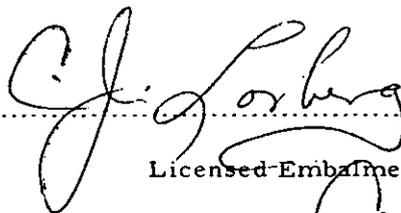
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 381

P. O. Address Cape Girardeau

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.