

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. **17958**

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

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 263	
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			
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (in this place) 4 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		16 4 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parish Hospital 711 N. Spanish St				d. STREET ADDRESS (If rural, give location) 711 N. Spanish St			
3. NAME OF DECEASED (Type or Print)		a. (First) Vera		b. (Middle) Ann		c. (Last) Looney	
4. DATE OF DEATH		(Month) 6		(Day) 16		(Year) 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 16 1905	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 5		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator				10b. KIND OF BUSINESS OR INDUSTRY Shoes		11. BIRTHPLACE (State or foreign country) Leora Mo	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Louie Bacon		13b. MOTHER'S MAIDEN NAME Vertie Varble	
14. NAME OF HUSBAND OR WIFE Victor Looney				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. 549-30-5165	
17. INFORMANT'S SIGNATURE OR NAME Victor Looney				ADDRESS Cape Girardeau Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Starvation - Malnutrition	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation - Malnutrition				INTERVAL BETWEEN ONSET AND DEATH years		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Operation for Cancer	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer Cured but pt Starved dead				DUE TO (b) -57.8X		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: Multiple bowel perforations, which				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.) resulted in food not digesting		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 15, 1955 to June 16, 1955 , that I last saw the deceased alive on June 16, 1955 , and that death occurred at 11:30 a.m. from the causes and on the date stated above.							
23a. SIGNATURE John Crowl				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED June 18, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-19-1955		24c. NAME OF CEMETERY OR CREMATORY Puxico		24d. LOCATION (City, town, or county) (State) Puxico Mo	
DATE REC'D BY LOCAL REG. 6-21-55		REGISTRAR'S SIGNATURE C. C. Sumner		25. FUNERAL DIRECTOR'S SIGNATURE Flora Morgan		ADDRESS Puxico Mo	

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

W^m H. Morgan

Licensed Embalmer No. *04640*

P. O. Address *Advocate, 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.