

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32438**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **401**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Cape Girardeau</b>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Cape Girardeau</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Cape Girardeau</b> |  | c. CITY OR TOWN<br><b>Cape Girardeau</b>   |  |
| c. LENGTH OF STAY (in this place township)<br><b>1 hour</b>                               |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Southeast Mo. Hospital</b>                  |  | f. STREET ADDRESS (If rural, give location)<br><b>423 Sunset Boulevard</b>   |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>DONALD</b> b. (Middle) <b>D.</b> c. (Last) <b>BLACK</b> |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>October 17, 1955</b> |  |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>                      |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>       |  |
| 8. DATE OF BIRTH<br><b>April 4, 1901</b>  |  | 9. AGE (In years last birthday)<br><b>54</b>          |   | 10. IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b>                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Insurance</b> |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Lithium, Missouri</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b>  |  |   |   |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>Walter D. Black</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna E. Hyatt</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Gearldine H. Black</b>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>491-07-3799</b>     |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Gearldine H. Black Cape Gir., Mo</b> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hrs.</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b)   |  |   |  |
| DUE TO (c)  |  | <b>4201</b>  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |   |  |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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 **Dec. 1949**, to **Oct. 17, 1955**, that I last saw the deceased alive on **Oct. 17, 1955**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 23a. SIGNATURE<br><b>Charles F. Wilson M.D.</b> (Degree or title)                |  | 23b. ADDRESS<br><b>Cape Girardeau, Mo</b> |  | 23c. DATE SIGNED<br><b>10-18-55</b>                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                       |  | 24b. DATE<br><b>Oct. 19, 1955</b>         |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cem.</b> |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Cape Girardeau, Missouri</b> |  |   |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><b>10-19-55</b> |  | REGISTRAR'S SIGNATURE<br><b>W.C. Summers</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Walters Funeral Home Cape Gir., Mo</b> |  |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48164  
0

91640

18-28

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 *William Lee Jones*

Licensed Embalmer No. *4271*

P. O. Address *Coz. River*

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.