

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32458**

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **415**

1. PLACE OF DEATH
a. COUNTY **Cape Girardeau**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo**
b. COUNTY **Cape Gir.**

b. CITY OR TOWN **Cape Girardeau** c. LENGTH OF STAY (in this place) **SEVERAL YRS.**

c. CITY OR TOWN **Rural**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Southeast Missouri State**

d. STREET ADDRESS (If rural, give location) **Miller'sville, Mo.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Lula Lee** b. (Middle) **Hersinger** c. (Last) **Hersinger**

4. DATE OF DEATH (Month) (Day) (Year)
Oct 23, 1955

5. SEX **Fe**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **May 9, 1883**

9. AGE (In years last birthday) **72**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Miller'sville, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Perry Summers**

13b. MOTHER'S MAIDEN NAME **Sophia Hawk**

14. NAME OF HUSBAND OR WIFE **Herman (Deo)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John Reitman Jackson, Mo.

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) **Apoplexy**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
DUE TO (b) **arteriosclerosis**
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
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Minute)

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 **March 1, 1950**, to **Oct 23, 1955**; that I last saw the deceased alive on **Oct 22, 1955**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. H. Anderson M.D.**

23b. ADDRESS **Jackson Mo**

23c. DATE SIGNED **10-24-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Oct 25, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Fairview Cem.**

24d. LOCATION (City, town, or county) (State) **Cape Gir. County Mo**

DATE REC'D BY LOCAL REG. **10-29-55**

REGISTRAR'S SIGNATURE **L. C. Summers** **44-0**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. C. Croust Jackson, Mo.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Gene C. Cavanaugh

Signed.....

Student Embalmer

Licensed Embalmer No.....

43127

P. O. Address.....

Jackson, Ma.

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.