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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36192

FILED DEC 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY OR TOWN <u>Cape Girardeau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>		STREET ADDRESS (If rural, give location) <u>129 N. Frederick St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Mollie</u>	a. (First)	b. (Middle)	c. (Last) <u>Masek</u>	4. DATE OF DEATH <u>Dec. 4, 1955</u>	(Month) (Day) (Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED,* WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 16, 1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Conrad Stehr</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Nowak</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Vera Sauna Cape Girardeau, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vera Sauna Cape Girardeau, Mo.</u>

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, asthenia, 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) <u>Arteriosclerotic Heart Disease</u>		<u>4 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>4200 F</u>		<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intertrochanteric fracture Rh hip</u>		<u>6 days</u>	
19a. DATE OF OPERATION <u>Nov. 30-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture Right Hip -</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau, Mo Cape Gir Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 28-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell at home</u>	

22. I hereby certify that I attended the deceased from Nov. 28, 19 55, to Dec. 4, 19 55, that I last saw the deceased alive on Dec 4, 19 55 and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. D. Leachman, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>24 N. Sprigg Cape Gir., Mo</u>	23c. DATE SIGNED <u>Dec 5, 55</u>
24a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>	24b. DATE <u>12/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorimer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>

DATE REC'D BY LOCAL REG. <u>12-6-55</u>	REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Lobenz</u>	ADDRESS <u>Cape Girardeau, Mo.</u>
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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. 38  
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.