

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8331**

BIRTH NO. **22377-56** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **228**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY CAPE GIRARDEAU	
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 checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) 44 1/2 Hrs.		STREET ADDRESS (If rural, give location) SOUTH EAST MISSOURI HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH EAST MISSOURI HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAN b. (Middle) EBBEN c. (Last) HAGE			4. DATE OF DEATH (Month) (Day) (Year) April 10, 1956		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH APRIL 8 1956		9. AGE (In years last birthday) —		IF UNDER 1 YEAR Days — IF UNDER 24 HRS. Hours 1 Min. 20 Sec. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CAPE GIRARDEAU, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN KENNETH HAGE		13b. MOTHER'S MAIDEN NAME NANCY JEAN UNGER		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JOHN KENNETH HAGE CHAFFEE, MO.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis		DUE TO (b) APNEA & convulsions		44 hours	
*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)		24 hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity 76 25					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION birth wt. 2-12 oz.		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 **8 APRIL, 1956**, to **9 APRIL, 1956**, that I last saw the deceased alive on **9 APRIL, 1956**, and that death occurred at **11:5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Kinley (Degree or title) MD		23b. ADDRESS Cape Girardeau MO.		23c. DATE SIGNED 12 April 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 10, 1956		24c. NAME OF CEMETERY OR CREMATOR UNION PARK CEMETERY	
24d. LOCATION (City, town, or county) (State) CHAFFEE, MISSOURI		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4-12-56		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS DISLINGHOFF FUNERAL HOME - CHAFFEE, MO.	

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

44-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jack J. Burnett*.....

Licensed Embalmer No. *441*.....

P. O. Address *Chaffee, i*.....

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.