No. 300
10-48

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12570

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 256

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau city
c. LENGTH OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wilsons Nursing Home 520 So Spring St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 1432 N. Water

a164

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): Ethel
c. (Last): Friese

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 5, 1904
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Sedericksville Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Daniel Crites
13b. MOTHER'S MAIDEN NAME: Josephine Lang
14. NAME OF HUSBAND OR WIFE: Burnie Friese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Burnie Friese — ADDRESS: Cape Girardeau 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Rectum — 2 years +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 154X

19a. DATE OF OPERATION: May 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis due to Carcinoma of Rectum
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) m.
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* Feb 1954, *to* April 27, 1956, *that I last saw the deceased alive on* April 27, 1956, *and that death occurred at* 10:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Crowe (Degree or title) MD
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: April 30 '56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 29, 1956
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG.: 5-1-56
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Neil H. Grossbender Ass't. Mgr.
ADDRESS: Brinkopf Howell Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

44-0

OCT 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....NEIL H. GROSSHEIDER....., Student Embalmer No.....5

working under my personal supervision..

Student Neil H. Grossheider
Signature of Student Embalmer

Signed W. H. Ester

Licensed Embalmer No. 3.5

P. O. Address Cape Gir

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.