

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1956

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 281

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Farmington-St. Francois | | c. CITY OR TOWN Matthews | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0 |
| c. LENGTH OF STAY (in this place) 3y; 3m; 15d | | e. STREET ADDRESS (If rural, give location) Route # 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 4 | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) MARY | b. (Middle) HESTER | c. (Last) HAPPE | 4. DATE OF DEATH (Month) (Day) (Year) July 28, 1956 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 20, 1869 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months 5 Days 8 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) White County, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Thomas Willis | 13b. MOTHER'S MAIDEN NAME Jenny Willis | 14. NAME OF HUSBAND OR WIFE Henry Edward Happe |
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| 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 Jake Happe Sikeston, Missouri | ADDRESS |
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| 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, ashenia, 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) Pulmonary tuberculosis, bilateral - at least 3 yrs. | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis with syphilis. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from April 13, 1953, to July 28, 1956, that I last saw the deceased alive on July 28, 1956, and that death occurred at 6:45 p.m. from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Amos J. Slocum Sr.</i> (Degree or title) Dr. | 23b. ADDRESS State Hosp. #4 Farmington, Mo. | 23c. DATE SIGNED 7/29/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-30-56 | 24c. NAME OF CEMETERY OR CREMATORY Farrenburg Cemetery | 24d. LOCATION (City, town, or county) (State) Matthews, Missouri |
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| DATE REC'D BY LOCAL REG July 29, 1956 | REGISTRAR'S SIGNATURE <i>Cather Rudloff</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Nunnelee Funeral Chapel Sikeston, | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Ch Cozear

Licensed Embalmer No. *4084*

P. O. Address *Farmington, N.H.*

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.