

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

529

STATE FILE NUMBER

FILED JAN 14 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 77

Health, Welfare  
Public Service

300  
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                  |   |  |   |  |   |   |  |
|---|----------------------------------|---|--|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP-only)<br>OR<br>TOWN <u>Cape Girardeau</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Cape Girardeau</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1527 New Madrid</u>   |                                  | Length of stay in lb <u>1 Week</u>  |  | d. STREET ADDRESS (If outside, give location) <u>1305 Bertling</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Marzella</u> Middle <u>-</u> Last <u>Painsett</u>   |                                  |   |  | 4. DATE OF DEATH<br>Month <u>Jan</u> Day <u>4</u> Year <u>1957</u>  |  |   |   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Feb 15 1868</u>  |  | 9. AGE (In years last birthday) <u>88</u>   | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Cape County, Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |   |  |
| 13. FATHER'S NAME<br><u>George Protter</u>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Josie Winstead</u>   |  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>No</u>  |  | 17. INFORMANT<br>Name <u>Floyd L. Painsett</u> Address <u>Cape Gir. Mo</u>  |  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerosis generalized</u>  |                                  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10-15 years</u>  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |  |   |  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m.   |                                  |   |  |   |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |   |  |
| 21. I attended the deceased from <u>Aug 1950</u> to <u>Jan 4, 1957</u> and last saw <u>her</u> alive on <u>Jan 3, 1957</u><br>Death occurred at <u>4:15 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |   |   |  |
| 22a. SIGNATURE<br><u>John L. ...</u> (Degree or title)  |                                  |   |  | 22b. ADDRESS<br><u>Cape Girardeau Mo</u>  |  | 22c. DATE SIGNED<br><u>Jan 8, 1957</u>  |   |  |
| 23a. BURIAL, CREMATION, SPECIAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>1/6/57</u>  | 23c. NAME OF CEMETERY OR CREMATOR<br><u>Bark's Chapel</u>                                    |   | 23d. LOCATION (City, town, or county) (Side)<br><u>Cape Girardeau Co. Mo</u> |   |   |  |
| 24. FUNERAL DIRECTOR<br><u>Ford &amp; Sons</u>  |                                  | ADDRESS<br><u>Cape Girardeau</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>1-8-1957</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>C. C. Summers</u>   |   |  |

(Licensed Embolmer's Statement on Reverse Side)

14-0

*Dr. Brown  
Med. Ants 12/29*

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 *William E. Free*

Licensed Embalmer No. *47*

P. O. Address *Cape Girardeau*

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