

health, Welfare public service  
 300 -56  
 Director, coroner, etc. must use only standard nomenclature in their reports. No symptoms which are 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

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7886  
 STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 716

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau, CITY</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau, CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cotner Nursing Home</u>		Length of stay in lb <u>2 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>203 North Park Ave.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>EMZA</u> Middle <u>R.</u> Last <u>MacMINN</u>				Month <u>April</u> Day <u>11</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 27, 1876</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		9. AGE (In years last birthday) <u>81</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	
13. FATHER'S NAME <u>James Farmer</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Ellis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		17. INFORMANT <u>Mrs. R. R. Deal</u> Address <u>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>No</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>33ix</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>1. Cerebrovascular accident; 2. Hypertension</u>							20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I (a) if pertinent to 18.)
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 (a) if pertinent to 18.)					
20c. TIME OF INJURY		20d. INJURY OCCURRED		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
Hour <u>2</u> Month <u>April</u> Day <u>10</u> Year <u>1957</u>		a. m. <u>2</u> p. m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		COUNTY <u>Missouri</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>May 1950</u> to <u>April 10, 1957</u> and last saw her/him alive on <u>April 8, 1957</u> . Death occurred at <u>2</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Degree or title) <u>John Crowl MD</u>				21b. ADDRESS <u>Cape Girardeau, Mo</u>		21c. DATE SIGNED <u>April 11, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>		23b. DATE <u>April 13, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
24. FUNERAL DIRECTOR <u>Walters Funeral Home</u>		ADDRESS <u>Cap. Hwy. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-12-1957</u>		26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	

1961 & NOV

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 *Virgil W. Welch* .....

Licensed Embalmer No. 410

P. O. Address *Cape Girardeau*

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