

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File **12402**

FILED MAY 13 1957

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **257**

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY BOLLINGER | |
| b. CITY OR TOWN CAPE GIRARDEAU | c. LENGTH OF STAY (in this place) 1 WK. | c. CITY OR TOWN RURAL | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION So. EAST Missouri Hosp | | e. STREET ADDRESS (If rural, give location) LUTESVILLE, Mo. 6090 | |

| | | | | | |
|---|----------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) REBECCA b. (Middle) JANE c. (Last) WOODFIN | | | 4. DATE OF DEATH (Month) (Day) (Year) 5-5-1957 | | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH 9-4-1877 | 9. AGE (In years) (Months) (Days) (Hours) (Min.) 79 8 1 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F. |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

| | | |
|---|--|--|
| 13a. FATHER'S NAME HENRY MANSKER | 13b. MOTHER'S MAIDEN NAME MARGARETTE ELLEDGE DECEASED | 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 LOUIS WOODFIN ADDRESS MARBLE HILL, 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, 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) Coronary thrombosis | | 7 Days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) generalized. | | 15 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 2 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) 4201 |
| 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? |

22. I hereby certify that I attended the deceased from **April 29, 1957**, to **May 5, 1957**, that I last saw the deceased alive on **May 5, 1957**, and that death occurred at **8:28 AM.**, from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE (Degree or title) Edward Campbell M.D. | 23b. ADDRESS Cape Girardeau, Mo. | 23c. DATE SIGNED May 10, 1957 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 5-8-1957 | 24c. NAME OF CEMETERY OR CREMATORY BAKER CEM. |
| 24d. LOCATION (City, town, or county) (State) LUTESVILLE Mo. | 25. FUNERAL DIRECTOR'S SIGNATURE W. C. Summers ADDRESS BAKER FUNERAL HOME LUTESVILLE, Mo. | |
| DATE REC'D BY LOCAL REG. 5-10-57 | REGISTRAR'S SIGNATURE | |

S. No. 300
EV. 10.48

Dr. Edward Campbell

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

440

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 *J. E. Graham*.....

Licensed Embalmer No. *4010*.....

P. O. Address *Lutesville, Va.*.....

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.