

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20319**

FILED JUL 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **332**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Sedgewickville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 1/2 Mos.</b>		f. STREET ADDRESS (If rural, give location) <b>Sedgewickville 209°0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Southeast Mo. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Millie</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Mansker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 4th 1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 5, 1904</b>
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Advance, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>John D. Mahaffey</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Telford D. Mansker</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-05-7547</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Telford D. Mansker - Sedgewickville, Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>	ANTECEDENT CAUSES		DUE TO (b) <b>Prob. Primary Site - Gallbladder</b> DUE TO (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.			
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 <b>155X</b>	20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **May 13, 1957**, to **July 4, 1957**, that I last saw the deceased alive on **July 4, 1957**, and that death occurred at **9:07 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Rerald M. Hoxworth, M.D.</b>	23b. ADDRESS <b>24 N. Sprng 99 Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>July 5, 1957</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-07-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cent.</b>
24d. LOCATION (City, town, or county) <b>Arbor, Mo.</b>		(State)

DATE REC'D BY LOCAL REG. <b>7-9-57</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. L. Hanson Cape Girardeau, Mo.</b>
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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 *L. J. Haman*.....

Licensed Embalmer No...2863..

P. O. Address Cape Girardeo.....

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.