No. 300
10.48

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

FILED SEP 9 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

'57 027691
State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 407

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Union
c. CITY OR TOWN: Anna
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Road Dist. 1-A

8120 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): Ellen
c. (Last): File

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 2, 1957

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Oct. 26, 1878
**9. AGE** (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (City and State or Foreign Country): Johnson County, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John W. Dunn
**13b. MOTHER'S MAIDEN NAME**: Martha ( Unknown)
**14. NAME OF HUSBAND OR WIFE**: William M. File

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Ella File — ADDRESS: Anna, Illinois

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Thrombosis — 5 days
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hepatic Cirrhosis, Nephritis, Diabetes Mellitus, Osteo Arthritis and Senility

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 3 32x
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 26, 1957, *to* Sept 2, 1957, *that I last saw the deceased alive on* Sept 2, 1957, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: R. M. Stevenson, D. O. (Degree or title)
**23b. ADDRESS**: 202-06 Hirsch Bldg. Cape Girardeau Mo.
**23c. DATE SIGNED**: 9/5/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9/5/57
**24c. NAME OF CEMETERY OR CREMATORY**: Anna
**24d. LOCATION** (City, town, or county) (State): Anna, Illinois

DATE REC'D BY LOCAL REG.: 9-3-57
REGISTRAR'S SIGNATURE: C. C. Summers
**25. FUNERAL DIRECTOR'S SIGNATURE**: Hal C. McCarty — ADDRESS: Anna, Ill.

(Licensed Embalmer's Statement on Reverse Side)

4-0

VS AUG 10 1960

VS AUG 9 1960

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hal C. McCarty

Licensed Embalmer No. Ill. 8

P. O. Address Anna, Ill

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