

Public Health Service
 100-56
 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
 4-0

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 0 277 0 0
 STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 408

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Cape Girardeau in city</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. CITY OR TOWN <u>Cape Girardeau 0164</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u> Length of stay in lb <u>27 years</u>				d. STREET ADDRESS <u>345 Hill Crest Drive</u> (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First <u>Octavia</u> Middle <u>Irane</u> Last <u>Kunion</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>1</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>June 27, 1877</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Fruitland, Mo.</u>	
100. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Fruitland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Bob McNeely</u>				14. MOTHER'S MAIDEN NAME <u>Templeton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or date of service)				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Fern Holloway</u> Address <u>Cape Girardeau, Mo.</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>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Arteriosclerosis, generalized</u>	
DUE TO (c) <u></u>						5 years	
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? 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.) <u>332x</u>	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
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>January, 1947</u> to <u>Sept. 1, 1957</u> and last saw her alive on <u>Sept. 1, 1957</u> . Death occurred at <u>10:00 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Edward Campbell M.D.</u>				22b. ADDRESS <u>Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>SEP 6 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 3, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		23d. LOCATION (City, town, or county) (State) <u>Arbor, Missouri</u>	
24. FUNERAL DIRECTOR <u>Ford + Sons</u> ADDRESS <u>Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-1957</u>		26. REGISTRAR'S SIGNATURE <u>C. C. Simmons</u>			

Compe

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 *W. H. Estes*

Licensed Embalmer No. *35*

P. O. Address *Page 4*

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.