

death, welfare, public service, 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

519

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No.

63

Primary Registration District No.

6184

Registrar's No.

138

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Millersville <i>Whitewater</i>		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Millersville <i>8/60</i>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		Length of stay in lb 80 yr	d. STREET ADDRESS Rural		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Sophia Middle M Last Abbott			4. DATE OF DEATH Month Jan Day 12 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Jan 23 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 11 Days 19 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 None		11. BIRTHPLACE (City and state or country) Perry County		
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A			
14. MOTHER'S MAIDEN NAME Unknown			17. INFORMANT Address Mr Clark Probst Millersville Mo.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myo-Carditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4222						INTERVAL BETWEEN ONSET AND DEATH 0
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4222				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____						
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 Jan 10 1958 to Jan 12 1958 and last saw her alive on Jan 11 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Eduard Prites M.D. (Degree or title)		22b. ADDRESS Lebanonville Mo.		22c. DATE SIGNED 1/14/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-14-1958		23c. NAME OF CEMETERY OR CREMATORY Lorimier		
24. FUNERAL DIRECTOR Brinkopf		24b. ADDRESS Howell Funeral Home		25. DATE RECD. BY LOCAL REG. Cape Girardeau Mo.		
26. REGISTRAR'S SIGNATURE						

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~as by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 49

P. O. Address Cape Hiale

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.