

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017504
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 324

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 Cape Girardeau Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rt. # 1 Cape Girardeau Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hospital Length of stay in 1b 5 days		d. STREET ADDRESS (If outside, give location) 8 mi. N. Cape Gir. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Albertine Magdaline Heise First Middle Last			4. DATE OF DEATH May 5, 1958 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 3, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (City and state or country) near Dutchtown, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Henry Senn		14. MOTHER'S MAIDEN NAME Elizabeth Schwab	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Henry C. Heise Address Rt. # 1 Cape Girardeau			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) Arteriosclerosis of the heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a) Arterioarteriosclerosis severe			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs.
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.) Amputation of left leg 40 hrs prior to death.			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p.-m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20g. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21. I attended the deceased from Aug 25, 1954 to May 5, 1958 and last saw her alive on May 4, 1958 Death occurred at 5a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Crowe MD		22b. ADDRESS Cape Girardeau Mo	
22c. DATE SIGNED May 8, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Schlegel Cemetery	23d. LOCATION (City, town, or county) (State) near Dutchtown, Mo.
24. FUNERAL DIRECTOR ADDRESS Ford & Sons Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. May 23, 1958	26. REGISTRAR'S SIGNATURE Mr. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Walter J. Ford, Student Embalmer No. 55 working under my personal supervision.

Student Walter J. Ford
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 381
P. O. Address Cape Girardeau

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.