

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021174
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 365

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) Inside Limits OR TOWN Cape Girardeau Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cape Girardeau 0164 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1721 Dunklin St.		d. STREET ADDRESS (If outside, give location) 1721 Dunklin St.	
Length of stay in 1b 1 year		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Shirley Middle Ann Last Mize		4. DATE OF DEATH Month June Day 21 Year 1958	
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 March 29, 1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 21
11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wilson Davis		14. MOTHER'S MAIDEN NAME Mary Grantham	
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.	
17. INFORMANT Charles Mize		Address Cape Girardeau, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Edema DUE TO (c) Brain Concussion			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension et Arteriosclerosis 9630 20			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) H. fell while at kitchen sink washing her hair - Struck head on edge of sink		
20c. TIME OF INJURY Hour 11:00 Month, Day, Year June 23, 1958 a. m. p. m.	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.) Cape Girardeau, Mo.	20f. CITY, TOWN, OR LOCATION 115 COUNTY Cape Girardeau STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 11:00 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. L. Schrader (Degree Chapman)		22b. ADDRESS 203 Cape Girardeau	
22c. DATE SIGNED 6/23/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/24/58/	23c. NAME OF CEMETERY OR CREMATORY Old City Cemetery	23d. LOCATION (City, town, or county) (State) Morley, Mo.
24. FUNERAL DIRECTOR G. L. Schreyer ADDRESS Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. June 23, 1958	26. REGISTRAR'S SIGNATURE Mr. Homer C. Cooper

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MS
AUG 16 1960

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 *C. J. Lorberg*
Licensed Embalmer No. *38*
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.