

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024838

STATE FILE NUMBER

FILED JUL 31 1958

Registration District No. 53

Primary Registration District No. 3rd

Registrar's No. 400

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) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Jackson Rt. 2</u> <u>0160</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INST. <u>South East Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2 1/2 Mi. S.W. Jackson</u>	
Length of stay in lb <u>21 da</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Erma</u> Middle <u>Grace</u> Last <u>Moore</u>			4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13 1914</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
13. FATHER'S NAME <u>F. J. Sander</u>			14. MOTHER'S MAIDEN NAME <u>Mary Voshage</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-07-9565</u>		17. INFORMANT Address <u>Eugene P. Moore R# 2 Jackson 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>Adenocarcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>154X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

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.)	
20c. TIME OF INJURY Hour _____ 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from April 6, 1957 to July 7, 1958 and last saw her alive on July 7, 1958
Death occurred at 8:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. O. Nealebaugh, M.D.</u>	22b. ADDRESS <u>Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>7-10-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-9-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion Methodist</u>	23d. LOCATION (City, town, or county) (State) <u>2 Mi. W. Gordonville Mo.</u>
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24. FUNERAL DIRECTOR <u>Deneke-Laird Jackson Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 20, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Homer E. Cooper</u>
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(Licensed Embalmers' Statement on Reverse Side)

Health, & Welfare Public Service 6403001-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

VS
JAN 21 1930

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 *R. O. Laine*.....

Licensed Embalmer No. *457*

P. O. Address *Jackson*

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