

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028443

STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 420

Health,  
& Welfare  
Public  
Service

0164  
300  
1-56

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		a. STATE <u>Illinois</u>		b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>820 McClure</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp.</u>			Length of stay in 1b	d. STREET ADDRESS <u>None</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>William</u>		Middle <u>Joseph</u>		Last <u>Anclin</u>		Month Day Year <u>August 5, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>June 8, 1958</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Cairo, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	13. FATHER'S NAME <u>William E. Anclin</u>	14. MOTHER'S MAIDEN NAME <u>Marilyn Goehman</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT <u>Wm. E. Anclin</u>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20a. INJURY OCCURRED	20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20c. CITY, TOWN, OR LOCATION	20d. COUNTY
PART I. DEATH WAS CAUSED BY:	IMMEDIATE CAUSE (a) <u>HYPOKALEMIA</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	20e. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	21. I attended the deceased from <u>2 August</u> to <u>5 August</u> and last saw him alive on <u>5 August</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>prolonged vomiting</u>	2 weeks	DUE TO (c) <u>Pyloric Stenosis</u>	2 weeks	22a. SIGNATURE <u>James A. Kinder M.D.</u>	22b. ADDRESS <u>Cape Girardeau Mo.</u>	22c. DATE SIGNED <u>7 Aug 58</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	20g. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20h. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>7560</u>	20i. INJURY OCCURRED	20j. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20k. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>2 August</u> to <u>5 August</u> and last saw him alive on <u>5 August</u>	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights Cemetery</u>	23d. LOCATION (City, town, or county) <u>Jackson, Mo.</u>	23e. STATE <u>Mo.</u>	24. FUNERAL DIRECTOR <u>Ford &amp; Sons</u>	ADDRESS <u>Cape Girardeau, Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>Aug 15, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Homer Cooper</u>	27. I attended the deceased from _____ to _____ and last saw him alive on _____	28. Death occurred at _____	29. Signature <u>James A. Kinder M.D.</u>	30. Address <u>Cape Girardeau Mo.</u>	31. Date Signed <u>7 Aug 58</u>	32. (Licensed Embalmer's Statement on Reverse Side)

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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. 557 working under my personal supervision..

Student Walter J. Ford.....  
Signature of Student Embalmer

Signed J. S. [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.