...t. Health,
..., & Welfare
...S. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031973
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 473

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Southeast Mo. Hospt. — Length of stay in 1b: 13 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau 0164 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1431 Luce Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: DORA — Middle: F. — Last: ARTHUR

4. DATE OF DEATH: Month: September — Day: 27 — Year: 1958

5. SEX: Feamle 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: September 20, 1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 0, Days 7 — IF UNDER 24 HRS.: 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: own home
11. BIRTHPLACE (City and state or country): Lutesville, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: Marcus Day
13b. MOTHER'S MAIDEN NAME: Jane Eaker
14. NAME OF HUSBAND OR WIFE: George Arthur

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.: 486-38-0270
17. INFORMANT: James Arthur — Address: Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary artery disease — 3 mo.
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Essential hypertension.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. 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 July 24, 1958 to 9-27-58 and last saw her/him alive on Sept 26, 1958
Death occurred at 7 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles F. Wilson M.D.
22b. ADDRESS: 714 Broadway Cape Girardeau Mo.
22c. DATE SIGNED: 9-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 28, 1958
23c. NAME OF CEMETERY OR CREMATORY: Slaybaugh Cemetery
23d. LOCATION (City, town, or county) (State): Lutesville, Missouri

24. FUNERAL DIRECTOR: Walther's Funeral Home — ADDRESS: Cape Girardeau Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 3, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Virgil F. Welch

Licensed Embalmer No. 410 I

P. O. Address Opelousas

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