

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035694

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 492

300
1-57

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT			
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 ORAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP		Length of stay in lb 18 DAYS		d. STREET ADDRESS 1000 0 ORAN		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last (MAMYE) MARY THERESIA BLATTEL				4. DATE OF DEATH Month Day Year OCT 12 1958			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 26 1894	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BISHOP CREEK ILL. / U. S. A.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME BERNARD SEITMAN			13b. MOTHER'S MAIDEN NAME THERESIA KROGMAN			14. NAME OF HUSBAND OR WIFE MARTIN BLATTEL	
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 MARTIN BLATTEL		Address ORAN 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) Thrombia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Obstruction of ureters DUE TO (c) Carcinoma Cervix						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)						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.) 171X				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 ORAN		COUNTY STATE	
21. I attended the deceased from 1-28-58 to 2-28-58 and last saw her alive on 2-28-58 Death occurred at 11:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Fred E. Rawlins M.D. (Degree or title)				22b. ADDRESS 24 N. Sprigg Ave		22c. DATE SIGNED 10/15/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 15 1958		23c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGEL		23d. LOCATION (City, town, or county) (State) ORAN MO.	
24. FUNERAL DIRECTOR Paul P. Smith ADDRESS ORAN, MO.				25. DATE RECD. BY LOCAL REG. Oct 21, 1958		26. REGISTRAR'S SIGNATURE Mr. Homer Cooper	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 3676.....

P. O. Address Oran Mo.....

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.