THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 59-004734

FILED MAR 4 1959

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (in this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Illmo
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print) a. (First) AMELIA b. (Middle) A. c. (Last) HELD

4. DATE OF DEATH (Month) (Day) (Year) Feb 22, 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 23, 1883
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 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 _____
11. BIRTHPLACE (City and State or Foreign Country) Tornfelt, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Sander
13b. MOTHER'S MAIDEN NAME Elizabeth Walter
14. NAME OF HUSBAND OR WIFE Dave Held

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Herbert Burger ADDRESS Illmo, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic heart disease	?
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Hepatic cirrhosis	?
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Fracture of right hip	12 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 42CCT
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 17, 1958, *to* Feb 22, 1959, *that I last saw the deceased alive on* Feb 21, 1959, *and that death occurred at* 6:12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.
23b. ADDRESS 714 Broadway Cape Girardeau Mo.
23c. DATE SIGNED 2-25-59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-25-59
24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
24d. LOCATION (City, town, or county) (State) Illmo, Missouri

DATE REC'D BY LOCAL REG. Feb 27, 1959
REGISTRAR'S SIGNATURE Mrs. Homer Cooper
25. FUNERAL DIRECTOR'S SIGNATURE Bispling Hoff Funeral Home ADDRESS Illmo, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Oliver C Amin

Licensed Embalmer No. 4670

P. O. Address Illmo, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.