Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004743
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 86

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 OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Charleston — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hosp — Length of stay in 1b: 2 days	d. STREET ADDRESS (If outside, give location): RFD#2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Marcella, Middle Henrietta, Last Metcalf	4. DATE OF DEATH: Month March, Day 3, Year 1959
5. SEX: Female	6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Aug. 5, 1950
9. AGE (In years last birthday): 8	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): Schoolgirl	10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Charleston, Mo.	12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Marshall Henry Metcalf	13b. MOTHER'S MAIDEN NAME: Julia Ann Hawes
14. NAME OF HUSBAND OR WIFE: None	
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: Marshall H. Metcalf, Charleston, Mo. — Address: RFD#2	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Encephalitis	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Lobar pneumonia, rt. upper	
DUE TO (c)	rt. middle & rt. lower	2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): — 490X

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

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 2 March '59, to 3 March 59 and last saw her alive on 3 March 59. Death occurred at 3:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A. Kinder, M.D.	22b. ADDRESS: Cape Girardeau, Mo.	22c. DATE SIGNED: 3/4/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3/5/1959	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.		
24. FUNERAL DIRECTOR: John F. Nunnelee Jr. — ADDRESS: THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.	25. DATE RECD. BY LOCAL REG.: March 7, 1959	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 John T. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, T

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.