

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012568

STATE FILE NUMBER

FILED MAY 5 1959

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 162

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP		Length of stay in lb 25 days	d. STREET ADDRESS (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 BERTHA ANNA HEISSERER			4. DATE OF DEATH Month Day Year APRIL 19, 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 26, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 70
13a. FATHER'S NAME LEO SCHOTT		13b. MOTHER'S MAIDEN NAME VICTORIA BUCHER	11. BIRTHPLACE (City and state or country) ORAN, MISSOURI
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	12. CITIZEN OF WHAT COUNTRY? U. S. A.
17. INFORMANT VICTOR HEISSERER		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) <i>Primary carcinoma of liver</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>with skeletal metastases</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>7 mo.?</i>
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.) <i>1550</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <i>3-25-59</i> , to <i>4-10-59</i> and last saw ^{her} alive on <i>4-10-59</i> Death occurred at <i>7:28 P. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles F. Wilson M.D.</i>		22b. ADDRESS 714 Broadway, Cape Girardeau	22c. DATE SIGNED 4-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE APR. 23, 1959	23c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS	23d. LOCATION (City, town, or county) (State) ORAN MISSOURI
24. FUNERAL DIRECTOR <i>Carl J. Smith</i>		25. DATE RECD. BY LOCAL REG. 4-28-1959	26. REGISTRAR'S SIGNATURE <i>Drene Kaster</i>

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 *Earl J. Smith*

Licensed Embalmer No. *3676*

P. O. Address *Oran, Me*

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.