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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020089
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Sikeston — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Delta Comm. Hosp. — Length of stay in Hospital 16 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Bertrand — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Route # 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First GERTRUDE Middle FRANCIS Last FODGE

4. DATE OF DEATH: Month 5 Day 11 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-6-1899
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 5 Days 5 — 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 country): Near Morehouse, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Robert Carson
13b. MOTHER'S MAIDEN NAME: Icy Villie
14. NAME OF HUSBAND OR WIFE: John Fodge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John Fodge Address: Rt. # 1 Bertrand, 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) Acute bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic bronchiectasis. — years.
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 526X

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

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 1957, to 5-11-59 and last saw her alive on 5-10-59
Death occurred at 12:40 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. D. Urban, M.D.
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 5-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-13-59
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) Charleston, Missouri

24. FUNERAL DIRECTOR Calvin J. Cassil ADDRESS Nunnelee Funeral Chapel Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 5-15-59
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(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.

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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 Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Sikeston, 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.