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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59–020638
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Southeast Hospital — Length of stay in 1b: 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape
c. CITY OR TOWN: Whitewater Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lena Middle: Bernice Last: Wampler
4. DATE OF DEATH: Month Day Year: June 17 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 17 1928
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months 0 Days 10 — 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: None
11. BIRTHPLACE (City and state or country): Whitewater Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Alvie Crader
13b. MOTHER'S MAIDEN NAME: Minnie Nance
14. NAME OF HUSBAND OR WIFE: James Wampler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: James Wampler, Address: Whitewater 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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Subacute Bacterial Endocarditis — 18 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4300
19. WAS AUTOPSY PERFORMED? YES ☒ 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 May 27-1959 to JUNE 27-1959 and last saw her alive on JUNE 26-1959
Death occurred at 12:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles T. Bohn (Degree or title) MD
22b. ADDRESS: Cape Girardeau, Mo
22c. DATE SIGNED: 6/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 29 1959
23c. NAME OF CEMETERY OR CREMATORY: Crump Cemetery
23d. LOCATION (City, town, or county) (State): Crump Mo.

24. FUNERAL DIRECTOR: Brinkopf Howell, ADDRESS: Cape Gir Mo.
25. DATE RECD. BY LOCAL REG.: 6-30-59
26. REGISTRAR'S SIGNATURE: Irene Kasten

(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.

MAR 18 1960

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 W. H. Eustes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.