

st. Health,
, & Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020640
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 238
FILED JUL 14 1959

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u> <u>Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jackson</u> <u>Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in home</u>		Length of stay in 1b <u>20 yrs.</u>	d. STREET ADDRESS <u>303 Florence</u>
3. NAME OF DECEASED (Type or print)		First <u>Flora</u> Middle <u>Clara</u> Last <u>Katser</u>	4. DATE OF DEATH Month <u>6</u> Day <u>25</u> Year <u>59</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/19/1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (In years at birthday) <u>43</u>
11. BIRTHPLACE (City and state or country) <u>Friedheime</u> <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Katser</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Dickman</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>490 24 8439</u>	17. INFORMANT <u>Clarence Katser</u> Address <u>Jackson</u> <u>Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 mins</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, -ctory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>6-20-59</u> to <u>6-25-59</u> and last saw ^{her} alive on <u>6-24-59</u> Death occurred at <u>10:00</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Jager M.D.</u> (Degree or title)		22b. ADDRESS <u>Jackson, Mo.</u>	22c. DATE SIGNED <u>6-26-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>6/27/59</u>	<u>Russell Heights</u>	<u>Jackson</u> <u>Mo.</u>
24. FUNERAL DIRECTOR <u>McCombs</u> ADDRESS <u>Jackson</u> <u>Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-1959</u>	26. REGISTRAR'S SIGNATURE <u>Dame Koster</u>

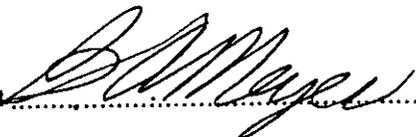
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 3051
P. O. Address Jackson, W.V.

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.