

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 365

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Length of stay in lb <u>36 Yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u> c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>113 S. Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Mary</u> Middle <u>Barbra</u> Last <u>Brinkman</u>				<b>4. DATE OF DEATH</b> Month <u>Oct</u> Day <u>9</u> Year <u>1959</u>													
<b>5. SEX</b> <u>F</u>		<b>6. COLOR OR RACE</b> <u>W</u>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Jan 4, 1871</u>		<b>9. AGE (last birthday)</b> <u>88</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE (City and state or country)</b> <u>Egypt Mills, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>August Lehne</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Christine Maeyers</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>									
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>None</u>				<b>17. INFORMANT</b> <u>Mrs. Robert Hager Cape Girardeau</u> Address									
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Left Lung</u>												INTERVAL BETWEEN ONSET AND DEATH <u>3 Months</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)													
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> _____		COUNTY _____ STATE _____									
<b>21. I attended the deceased from</b> <u>7-24-59</u> to <u>10-9-59</u> and last saw her alive on <u>10-3-59</u> Death occurred at <u>1025/11m</u> on the date stated above, and to the best of my knowledge, from the causes stated.																	
<b>22a. SIGNATURE</b> (Degree or title) <u>W. A. Speckhard M.D.</u>						<b>22b. ADDRESS</b> <u>Cape Girardeau, Mo.</u>			<b>22c. DATE SIGNED</b> <u>10-9-59</u>								
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Oct 11, 1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Egypt Mills Cemetery, Egypt Mills, Mo.</u>				<b>23d. LOCATION (City, town, or county) (State)</b>									
<b>24. FUNERAL DIRECTOR</b> <u>BRINKOPF - HOWELL CAPE GIRARDEAU</u>						<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-13-59</u>			<b>26. REGISTRAR'S SIGNATURE</b> <u>June Kasten</u>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 23 1958

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 Neil H. Grosshneider

Licensed Embalmer No. 4997

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.