

FILED VS NOV 16 1959 53

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59-039198  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<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 1b <u>3 WEEKS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS Hospital</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>MISSOURI</u> b. COUNTY <u>NEW MADRID</u> c. CITY OR TOWN <u>NEW MADRID</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>104 - 1ST ST</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>EMMA</u> Middle <u>JEFFERS</u> Last _____ <b>4. DATE OF DEATH</b> Month <u>OCT</u> Day <u>31</u> Year <u>59</u>			<b>5. SEX</b> <u>FEMALE</u> <b>6. COLOR OR RACE</b> <u>COLORED</u> <b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>3-9-1877</u> <b>9. AGE</b> (last birthday) <u>82</u> IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____				
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____ <b>11. BIRTHPLACE</b> (City and state or country) <u>NEW MADRID, Mo.</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Joseph Cook</u> <b>13b. MOTHER'S MAIDEN NAME</b> _____ <b>14. NAME OF HUSBAND OR WIFE</b> <u>MONROE JEFFERS</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>No.</u> <b>17. INFORMANT</b> <u>MONROE JEFFERS NEW MADRID, Mo.</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>Cerebral Arteriosclerosis Cardiovascular Disease</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>6 months</u> 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 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</b> WHILE AT WORK <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> _____ <b>COUNTY</b> _____ <b>STATE</b> _____					
<b>21. I attended the deceased from</b> <u>10-12-59</u> to <u>10-31-59</u> and last saw her <sup>him</sup> alive on <u>10-31-59</u> Death occurred at <u>6:55 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Richard W. Hester M.D.</u> <b>22b. ADDRESS</b> <u>Cape Girardeau, Mo.</u> <b>22c. DATE SIGNED</b> <u>Nov 14 1959</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u> <b>23b. DATE</b> <u>11-3-59</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>SAND HILL</u> <b>23d. LOCATION</b> (City, town, or county) (State) <u>NEW MADRID, Mo.</u>					
<b>24. FUNERAL DIRECTOR</b> <u>Richard W. Hester Co., New Madrid, Mo.</u> <b>25. DATE RECD. BY LOCAL REG.</b> <u>11-9-1959</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>Gene Kasten</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1959

**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 *Leo H. Hedges*

Licensed Embalmer No. 3803  
P. O. Address New Mexico

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.