

|  |  |   |  |   |   |  |  |                                     |  |
|--|--|---|--|---|---|--|--|-------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Cape</b>                        |   |  |  |                                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Cape Girardeau</b>   |  | Length of stay in 1b<br><b>50 Yrs.</b>  |  | c. CITY OR TOWN <b>Cape Girardeau</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>514 Bdway</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>514 A Bdway</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                     |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Joseph</b> Middle <b>H</b> Last <b>Metzler</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>NOV.</b> Day <b>12</b> Year <b>1959</b>  |   |  |  |                                     |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>9-28-1876</b>   |  | 9. AGE (last birthday)<br><b>83</b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)<br><b>Cleaning and Shoe Repair- Shoe Repair</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Shoe Repair</b>                              |   | 11. BIRTHPLACE (City and state or country)<br><b>Alton Ill</b>      |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>  |                                     |  |
| 13a. FATHER'S NAME<br><b>FRED LENKE</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>ADELAID METZLER</b>                                  |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Grace Metzler</b>                                  |  |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>  |   | 17. INFORMANT<br>Address<br><b>Mrs Grace Metzler, Cape Gir</b>      |  |  |                                     |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebrovascular accident</b>  |  |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>immediate</b>   |                                     |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) <b>Arteriosclerosis</b>  |  | DUE TO (c) <b>Hypertension</b>  |   |  |  | 5 yrs.                              |  |
|  |  |   |  |   |   |  |  | 5 yrs.                              |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Sensitibi</b>  |  |   |  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                     |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |  |   |  |   |   |  |  |                                     |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 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 <b>June 5 59</b> to <b>Nov 12 59</b> and last saw him alive on <b>Nov 11th 59</b> .<br>Death occurred at <b>Cape Girardeau Mo 11/14/59</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |  |  |                                     |  |
| 22a. SIGNATURE<br><b>C. W. Kinney D.O.</b> (Degree or title)   |  |   |  | 22b. ADDRESS<br><b>Cape Girardeau Mo</b>  |   |  |  | 22c. DATE SIGNED<br><b>11/14/59</b> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>11-15-1959</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park</b>  |   | 23d. LOCATION (City, town, or county)<br><b>Cape Gir Mo.</b>                         |  | 23e. STATE<br><b>Mo.</b>            |  |
| 24. FUNERAL DIRECTOR<br><b>Brinkopf Howell F. Home Cape Gir Mo.</b>  |  |   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>11-14-59</b>                     |  | 26. REGISTRAR'S SIGNATURE<br><b>Gene Kasten</b>  |                                     |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 20 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

*Neil H. Grosshender*

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.

C. W. Kinsey, D.O.