

PURVI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 5 6 6

FILED VS. DEC 28 1959 53

Primary Registration District No. 3010

Registrar's No. 479

STATE FILE NUMBER

INDEXED

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | Length of stay in 1b 34 years | | c. CITY OR TOWN Cape Girardeau | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 55 No. Benton Street | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) 55 No. Benton Street | |
| 3. NAME OF DECEASED (Type or print) First Elizabeth Middle Clippard Last Clippard | | | | 4. DATE OF DEATH Month December Day 19 Year 1959 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH 12/2/1885 | |
| 9. AGE (last birthday) 76 | | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) Old Appleton, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A? | | | | | | | |
| 13a. FATHER'S NAME William Cotner | | | | 13b. MOTHER'S MAIDEN NAME Cazair Reed | | | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Rome Ralph-Cape Girardeau, Mo. | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Mrs. Rome Ralph-Cape Girardeau, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 WK | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis HT disease | | | | | | 5 yr | |
| DUE TO (c) Hypertension | | | | | | 10 yr | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (s) | | | | | | 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 | |
| 19. WAS AUTOPSY PERFORMED? 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 Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> e.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 12-4-54 to 12/19/59 and last saw her alive on 12/18/59 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Harold Bidings M.D. | | | | 22b. ADDRESS Cape Girardeau Mo | | 22c. DATE SIGNED 12/21/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/21/1959 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemt. | | 23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo. | |
| 24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 12-23-59 | | 26. REGISTRAR'S SIGNATURE Lene Karter | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Reg 1-1-335
SEP 11 1967

FEB 9 1967

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 Howard L. Haman

Licensed Embalmer No. 4122

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.