

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014468

FILED VS APR 25 1960

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Primary Registration District No. 3010

Registrar's No. 169

STATE FILE NUMBER

INDEXED

DOCUMENT

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) Cape Girardeau		Length of stay in 1b 2 days		c. CITY OR TOWN JACKSON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) St. Francis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 804 EAST MAIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ETHEL Middle (NMI) Last NIBLACK				4. DATE OF DEATH Month April Day 11 Year 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/11/1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Sikeston, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME W.C. Calvin			13b. MOTHER'S MARDEN NAME Dora Peerman			14. NAME OF HUSBAND OR WIFE W.G. Niblack Dec.		
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 Address Miss. Helen Niblack Jackson 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) CARDIAC INFARCT							INTERVAL BETWEEN ONSET AND DEATH NONE	
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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.	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 9 April 1960 to 11 April 1960 and last saw her ^{her} alive on 11 April 1960 at 6:30 P.M. Death occurred at 8:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Caulswoy, M.D.				22b. ADDRESS 1819 Broadway, Cape Girardeau			22c. DATE SIGNED 14 April 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/13/1960	23c. NAME OF CEMETERY OR CREMATORY Russell Heights		23d. LOCATION (City, town, or county) JACKSON		Mo.	(State)	
24. FUNERAL DIRECTOR M^o Combs		ADDRESS JACKSON, Mo.		25. DATE REG. BY LOCAL REG. 4-18-60	26. REGISTRAR'S SIGNATURE Jimm Kastner			

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 12 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Bruce Dockins, Student Embalmer No. 598

working under my personal supervision.

Student Bruce Dockins
Signature of Student Embalmer

Signed B. M. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson, T.

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.