

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Cape Girardeau</b>		Length of stay in 1b <b>3 yr</b>	c. CITY OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>2306 Jean Ann St</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sami</b> Middle <b>N</b> Last <b>Saliba</b>			4. DATE OF DEATH Month <b>April</b> Day <b>14</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 27 1927</b>	9. AGE (last birthday) <b>32</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Teacher, Southeast State College</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lebanon</b>		12. CITIZEN OF WHAT COUNTRY <b>Lebanon</b>
13a. FATHER'S NAME <b>Najib Saliba</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Okais</b>		14. NAME OF HUSBAND OR WIFE <b>Dana Saliba</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>Mrs Dana Saliba Cape Gir Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Alveolar Carcinoma of lungs</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 Mo</b>
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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
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>Feb 1, 1960</b> to <b>April 14, 1960</b> and last saw him live on <b>April 14, 1960</b> Death occurred at <b>8:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John Howell</b> (Degree or title)		22b. ADDRESS <b>Cape Girardeau Mo</b>		22c. DATE SIGNED <b>April 6, 1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-18-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		23d. LOCATION (City, town, or county) (State) <b>CAPE GIRARDEAU</b>	
24. FUNERAL DIRECTOR <b>BRINDPF-HOWELL</b> ADDRESS <b>CAPE GIRARDEAU, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4-20-60</b>	26. REGISTRAR'S SIGNATURE <b>Dana Kasten</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 26 1980

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 W. H. Krossbein

Licensed Embalmer No. 4924  
P. O. Address Cape Girardeau 2

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.