URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 1960

-60-037685

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 429

ENDED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 5 wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Francis Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Commerce — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MARY Middle: ALICE Last: DAILY

4. DATE OF DEATH: Month: Oct Day: 21 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept 10, 1880
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Benton, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Wesley McCollum
13b. MOTHER'S MAIDEN NAME: Nancy Young
14. NAME OF HUSBAND OR WIFE: Edward Daily

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Don't Know
17. INFORMANT: Mrs Velma Clark Address: Commerce, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Ht Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis — 10 yr
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonitis.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1955 - to 10-21-60 and last saw her alive on 10-21-60
Death occurred at 10-21-60 6:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A D Redings MD
22b. ADDRESS: Cape Girardeau, Mo
22c. DATE SIGNED: 10/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-25-60
23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cem.
23d. LOCATION (City, town, or county) (State): Commerce, Missouri

24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME ADDRESS: Illmo, Mo
25. DATE RECD. BY LOCAL REG.: 10-29-60
26. REGISTRAR'S SIGNATURE: Irene Kastner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 6 1962

SEP 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Oliver C Smith

Signature of Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Selma, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.