

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045365

FILED VS JAN 10 1961

53 Primary Registration District No. 3010 Registrar's No. 4

STATE FILE NUMBER

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 lb 6 weeks	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) HOSPITAL OR INSTITUTIONS S. E. Mo. Hospital		d. STREET ADDRESS 704 N. Hope St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Flora Middle Sides Last			4. DATE OF DEATH Month December Day 29 Year 1960		
5. SEX Female	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 11, 1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days 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) Allenville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Samuel Pettit	13b. MOTHER'S MAIDEN NAME Josephine McGee	14. NAME OF HUSBAND OR WIFE Cobie Sides
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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.	17. INFORMANT Cobie Sides, 704 N. Hope, Jackson, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Azotemia	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
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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.)
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20c. TIME OF INJURY Hour 7:50 a.m. p.m.	Month, Day, Year
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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 Jackson, Mo.	COUNTY Cape Girardeau	STATE
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21. I attended the deceased from **Oct 21, 1960** to **Dec 29, 1960** and last saw her/him alive on **Dec 29, 1960**
Death occurred at **7:50 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph E. Hecker, M.D. (Degree or title)	22b. ADDRESS 208 South High, Jackson, Mo.	22c. DATE SIGNED Jan 4, 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 4, 1961	23c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	23d. LOCATION (City, town, or county) Cape Girardeau, Mo.
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24. FUNERAL DIRECTOR L. R. Sparks	ADDRESS Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 1-4-1961	26. REGISTRAR'S SIGNATURE Irene Kasten
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

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 _____
Signature of Student Embalmer

Signed Louis Robert Jones

Licensed Embalmer No. 5132

P. O. Address Charleston

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