

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

75 -61-004764

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 75

AMENDED

FILED VS FEB 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 40 yrs.	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 Southeast Mo. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 14 Morgan Oak Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gatha Middle Hostler Last Hostler			4. DATE OF DEATH Month February Day 19 Year 1961		
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 1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nurse	11. BIRTHPLACE (City and state or country) Bible Grove, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Webster		13b. MOTHER'S MAIDEN NAME Rose Ann Colborn		14. NAME OF HUSBAND OR WIFE	
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 Arlie Webster Louisville, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis,					INTERVAL BETWEEN ONSET AND DEATH 6 months
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) Generalized Arteriosclerosis				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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" 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 10:25 a. Month, Day, Year Feb 19 1961					
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.) Feb 19 1961	20f. CITY, TOWN, OR LOCATION Feb 19 1961		COUNTY Ill. STATE Ill.
21. I attended the deceased from Feb 18 1961 to Feb 18 1961 and last saw him alive on Feb 18 1961 Death occurred at 10:25 a. on the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <i>John Webster</i> (Degree or title) Cap Girardeau			22b. ADDRESS Cap Girardeau		22c. DATE SIGNED Feb 29 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/19/61	23c. NAME OF CEMETERY OR CREMATORY Ingraham Cemetery		23d. LOCATION (City, town, or county) (State) Ingraham Ill.	
24. FUNERAL DIRECTOR <i>C. J. Lobing</i> Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 2-22-61	26. REGISTRAR'S SIGNATURE <i>James Kaster</i>		

MAR 1 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. L. Orberg

53223

Licensed Embalmer No. 3810
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.