

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012924

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 158

AMENDED

11 APR 24 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>Cape Girardeau</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>Cape</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>Cape Girardeau</u>	c. CITY OR TOWN	<u>Cape Girardeau</u>
Length of stay in 1b		Inside Limits	
<u>13 yr</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>228 Merriwether</u>	d. STREET ADDRESS (If outside, give location)	<u>228 Merriwether</u>
Inside Limits		Reside on Farm	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
<u>Maude</u>	<u>Elizabeth</u>	<u>Hicks</u>	<u>April</u>	<u>15</u>	<u>1961</u>	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
<u>Female</u>	<u>White</u>		<u>Aug 18 1878</u>	<u>82</u>	Months <u>7</u> Days <u>21</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>Housewife</u>		<u>None</u>	<u>Alexon Ohio</u>		<u>U.S.A</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
<u>Unknown</u>		<u>Unknown</u>		<u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Address		
<u>no</u>			<u>no</u>	<u>Mrs Luther Briggs Cape Gir Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>10 yr 15</u>
IMMEDIATE CAUSE (a)	<u>Arteriosclerotic heart disease</u>	
DUPLICATE TO (b)	<u>Generalized Arteriosclerosis</u>	
DUPLICATE 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.
<u>Senility</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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
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 <u>1954</u> to <u>1961</u> and last saw her <u>April 14 1961</u> alive on <u>April 14 1961</u> Death occurred at <u>3 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>John Crowe M.D.</u>	<u>MEDICAL ARTS BLDG. 937 BROADWAY</u>	<u>April 18, 1961</u>
23a. LOCATION, city, town, or county (State)		
<u>CAPE GIRARDEAU, MO.</u>		
23. NAME OF CEMETERY OR CREMATORY	23b. LOCATION, city, town, or county (State)	
<u>Waverly Mo.</u>	<u>Waverly Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Brinkopf Howell Cape Gir Mo.</u>	<u>4-20-61</u>	<u>John Crowe</u>

DATE AMENDED
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 Neil H. Grossheim

Licensed Embalmer No. 4994

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.