SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-012937
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 185

FILED MAY 8 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caoe Girardeau — Length of stay in 1b: 65 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape
c. CITY OR TOWN Cape Girardeau R 1 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Leona Middle: Last: Maevers
4. DATE OF DEATH Month: April Day: 29 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-31-1895
9. AGE (last birthday) 65 — IF UNDER 1 YEAR: Months 3 Days 28 — 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 None
11. BIRTHPLACE (City and state or country) Cape Girardeau Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Wm Foeste
13b. MOTHER'S MAIDEN NAME Katie Huey
14. NAME OF HUSBAND OR WIFE Sherman Maevers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Don't Know
17. INFORMANT Sherman Maevers Address Cape Gir R 1

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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary artery disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes mellitus Acute appendicitis
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 12-16-58, to 4-29-61 and last saw her alive on 4-28-61
Death occurred at 5:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gordon McNunnelly, M.D. (Degree or title)
22b. ADDRESS Cape Girardeau, Mo.
22c. DATE SIGNED 5-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-1-1961
23c. NAME OF CEMETERY OR CREMATORY Egypt Mills Cemetery
23d. LOCATION (City, town, or county) (State) Egypt Mills Mo.

24. FUNERAL DIRECTOR Brinkopf Howell ADDRESS Cape Gir Mo.
25. DATE RECD. BY LOCAL REG. 5-3-'61
26. REGISTRAR'S SIGNATURE Emma Karten

(Licensed Embalmer's Statement on Reverse Side)

Dr. Newton

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. Grossheider

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.