

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**61-020619**  
STATE FILE NUMBER

AMENDED

Registered District No. **53** Primary Registration District No. **3010** Registrar's No. **278**

FILED JUL 10 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b		c. CITY OR TOWN <b>Perryville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>17 S. Main</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lillian Viola De Roe</b>				4. DATE OF DEATH Month Day Year <b>July 1, 1961</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 13, 1898</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Jung</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Lang</b>			14. NAME OF HUSBAND OR WIFE <b>Camiel J. De Roe</b>		
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 <b>C.J. De Roe, Perryville, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Infarct</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
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)						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 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 a.m. p.m.		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 <b>6-14-61</b> to <b>7-1-61</b> and last saw her <sup>her</sup> alive on <b>7-1-61</b> Death occurred at <b>10:10 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>W V. Ashley MD</b> (Degree or title)				22b. ADDRESS <b>Cape Girardeau Mo</b>			22c. DATE SIGNED <b>7-2-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>July 1, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>		23d. LOCATION (City, town, or county) <b>Perryville, Mo.</b>				
24. FUNERAL DIRECTOR <b>Albert Bey, Perryville, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>7-5-61</b>		26. REGISTRAR'S SIGNATURE <b>Drew Kaster</b>		

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1964

**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,  
\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Albert Bey*

Licensed Embalmer No. 3866

P. O. Address Perryville, Md

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.