

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-010138

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 135

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10168  
201682

3  
4 1  
5 2  
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7 0  
8 1  
9 9040  
10 20  
11 115  
12 2-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>71 yr</b>	c. CITY OR TOWN <b>Cape Girardeau</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 Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>413 S Ellis</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Irene A Maurer</b>			4. DATE OF DEATH Month Day Year <b>Mar 22 1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-21 1890</b>
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b>	IF UNDER 24 HR Hours <b>1</b> Min.
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 <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Cape Girardeau Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Blank</b>	
13b. MOTHER'S MAIDEN NAME <b>Agusta Ueleke</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Don't Know</b>	
17. INFORMANT <b>Mrs F.L Vincel</b>		Address <b>Cape Girardeau 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>acute coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>(1) coronary artery heart disease</b>			<b>past year</b>
DUE TO (c) <b>(2) subcapital fracture femur, left</b>			<b>2/18/62</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>intertrochanteric fracture right hip 1/5/62</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Fall in home on 2/18/62</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>2/18/62</b>	Month, Day, Year <b>2/18/62</b>	the last injury occurred during convalescence from <b>1/5/62</b> fall	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	20f. CITY, TOWN, OR LOCATION <b>Cape Girardeau</b>	COUNTY STATE <b>Cape Missouri</b>
21. I attended the deceased from <b>3/13/62</b> to <b>3/22/62</b> and last saw her/him alive on <b>3/21/62</b> Death occurred at <b>St. Francis Hospital</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Thomas S. Otto M.D.</b>		22b. ADDRESS <b>Cape Girardeau, Missouri</b>	22c. DATE SIGNED <b>3/23/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-24-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>
24. FUNERAL DIRECTOR <b>Brinkhoff Howell Cape Gir Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>March 24, 1962</b>	26. REGISTRAR'S SIGNATURE <b>James Kasten</b>

USE BLACK INK OR TYPEWRITER RIBBON

APR 6 1962

**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 W. B. Ester

Licensed Embalmer No. 3568

P. O. Address Page Six Mo.

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.