

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005575

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 127

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0168
2 0168
3
4 0
5 2
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7 1
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9163X
10
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12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. 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 COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		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 St Francis		d. STREET ADDRESS (If, outside, give location) 324 S Middle Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alonzo Middle Foreman Last Foreman		4. DATE OF DEATH Month MARCH Day 3 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1876
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R. Co.	11. BIRTHPLACE (City and state or country) Hombery Ill
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Pinckney Foreman	
13b. MOTHER'S MAIDEN NAME Mary Scott		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO. N	
17. INFORMANT Albert Foreman Farmington Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of lung with generalized metastasis			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m. 			
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 Feb 15, 1963 to March 3, 1963 and last saw her live on March 3, 1963 Death occurred at 3 am on the date March 3, 1963 at JOHN T. CROWLEY'S MEDICAL ARTS BLDG. 937 BROADWAY CAPE GIRARDEAU, MO.			
22a. SIGNATURE John Crowley (Degree or title)		22b. ADDRESS JOHN T. CROWLEY'S MEDICAL ARTS BLDG. 937 BROADWAY CAPE GIRARDEAU, MO.	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-6-1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
24. ADDRESS Brinkoff Howell Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. 3-5-63	26. REGISTRAR'S SIGNATURE James Kaster

USE BLACK INK OR TYPEWRITER RIBBON

MAR 13 1963

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. Grasshneider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau 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.

TAKEN TO DOCTOR 3-4-63