

FILED MAY 2 1955

## STANDARD CERTIFICATE OF DEATH 5185

State File No. 11267

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3040		Registrar's No. 195	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEN</u> 01603				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>UNKNOWN</u> b. COUNTY <u>UNKNOWN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MISSISSIPPI RIVER</u>		c. LENGTH OF STAY (in this place) <u>?</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNKNOWN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSISSIPPI RIVER</u>				d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>UNKNOWN</u>		<u>UNKNOWN</u>		<u>UNKNOWN</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>		8. DATE OF BIRTH <u>UNKNOWN</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>COTTONER</u>		ADDRESS <u>JACKSON MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Body was found by a barge boat in the middle of the Mississippi</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9298</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Do not know</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau County - Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Do not know</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Do not know</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Sigmund, Coroner</u>		(Degree or title)		23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>April 24 55</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FARRMOUNT</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>	
DATE REC'D BY LOCAL REG. <u>4-25-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Mungler</u>		ADDRESS <u>Cape Girardeau</u>	

(Licensed Embalmer's Statement on Reverse Side)

FORD-YOUNG FUNERAL HOME

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.