

Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms to be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39514

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>UNKNOWN</u> Cape Girardeau		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, give TOWNSHIP only) OR TOWN <u>UNKNOWN</u> Rural Cape Gir		c. CITY OR TOWN <u>UNKNOWN</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If outside, give location) <u>UNKNOWN</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>UNKNOWN</u> Middle <u>UNKNOWN</u> Last <u>UNKNOWN</u>		4. DATE OF DEATH <u>Found Nov 18 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>UNKNOWN</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		9b. AGE (In years last birthday) <u>UNKNOWN</u>	
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 (City and state or country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u>	
13. FATHER'S NAME <u>UNKNOWN</u>		14. MOTHER'S MAIDEN NAME <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 <u>CAPE COUNTY CORONER</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning (Evidently)</u> 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) <u>42</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9299</u>	
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.) <u>Do not know</u> <u>This body was found in the Mississippi river about 1/4 mile south of the Margueth Cement Co dock</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ <u>about 2 months</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Do not know</u>	
20e. CITY, TOWN, OR LOCATION <u>Cape Girardeau</u> COUNTY <u>115</u> STATE <u>Cape Gir. Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau</u> COUNTY <u>115</u> STATE <u>Cape Gir. Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. F. Segomind, Coroner</u>	
22b. ADDRESS <u>Jackson, Mo.</u>		22c. DATE SIGNED <u>Nov 19 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-19-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>FAIRMOUNT</u>		23d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO.</u>	
24. FUNERAL DIRECTOR <u>FORD & SONS</u> ADDRESS <u>CAPE GIRARDEAU, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11-25-1957</u>	
26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Walter J. Ford, Student Embalmer No. 557, working under my personal supervision..

Student Walter J. Ford
Signature of Student Embalmer

Signed

C. J. Loiberg

Licensed Embalmer No. 381

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.

This Body not embalmed