SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012926
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 195

FILED MAY 15 1961

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau
Length of stay in 1b: 81 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 135 S Blvd
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape
c. CITY OR TOWN Cape Girardeau Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 135 S Blvd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Louis Middle A Last Ische

4. DATE OF DEATH: Month May Day 5 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Oct 23 1879

9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months 6 Days 12
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Momntgomery Ward Store

11. BIRTHPLACE (City and state or country): Egypt Mills Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Louis Ische

13b. MOTHER'S MAIDEN NAME: Martha Ische

14. NAME OF HUSBAND OR WIFE: Bertha Ische

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 490-05-5523

17. INFORMANT Address: Mrs Bertha Ische Cape Girardeau

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial asthma - old.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10/2/58 to 5/3/61 and last saw him alive on 4/14/61
Death occurred at 6 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Kamm (Degree or title) M.D.

22b. ADDRESS Cape Girardeau Mo

22c. DATE SIGNED 5/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE May 7 1961

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.

24. FUNERAL DIRECTOR Howell ADDRESS Cape Girardeau Mo.

25. DATE RECD. BY LOCAL REG. 5-12-61

26. REGISTRAR'S SIGNATURE Irma Kasten

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Neil H. Grouhinder

Licensed Embalmer No. 4994

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.