

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041861

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 495 STATE FILE NUMBER

<b>FILED NOV 16 1962</b>			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Cape Girardeau</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u> Length of stay in lb <u>90 days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deal Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u></p> <p>c. CITY OR TOWN <u>Jackson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>103 Jefferson St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First <u>MATILDA</u> Middle <u>M</u> Last <u>ALLEN</u></p>			
<p>4. DATE OF DEATH <u>Oct. 31 1962</u> Month <u>Oct.</u> Day <u>31</u> Year <u>1962</u></p>			
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1/6/1972</u></p>
<p>9. AGE (last birthday) <u>90</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>		<p>11. BIRTHPLACE (City and state or country) <u>Kurşeville, Mo. USA</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u></p>	
<p>13a. FATHER'S NAME <u>Henry Kurre</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Sophia Martin</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	
<p>17. INFORMANT <u>Lucy Birk</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Tom Allen</u> Address <u>Jackson, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>(1) Congestive heart failure</u></p> <p>DUE TO (b) <u>(2) Cerebro-vascular disease</u></p> <p>DUE TO (c) <u>(Vascular occlusion &amp; CV failure)</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>5/1/62</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour <u>12:15</u> a.m. p.m. Month, Day, Year <u>May 1, 1962</u></p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION <u>Jackson, Mo.</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u></p>	
<p>21. I attended the deceased from <u>May 1, 1962</u> to <u>Oct. 31, 1962</u> and last saw her/him alive on <u>Aug. 18, 1962</u>. Death occurred at <u>12:15 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE <u>Arthur M. Ester MD</u> (Degree &amp; title)</p>		<p>22b. ADDRESS <u>714 Broadway, Cape Girardeau</u></p>	
<p>22c. DATE SIGNED <u>11/5/62</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>11/2/1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Jackson, Mo.</u> (State)</p>		<p>24. FUNERAL DIRECTOR <u>McCombs</u> ADDRESS <u>Jackson, Mo.</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>11-14-1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>James Kasten</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Bruce Jenkins

Licensed Embalmer No. 5097

P. O. Address Jackson 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.