

124

## CERTIFICATE OF DEATH

FILED

AUG 16 1972

53

Registration District No. 3010

72 015508

Registrar's No. 428

DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1.		Florence	Virginia	Gohn	Female	3. July 31, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 78	5b. MOS. DAYS	5c. HOURS MIN.	April 2, 1894		7a. Cape Girardeau
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Cape Girardeau		7c. Yes		7b. Southeast Missouri Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. widowed		11. None	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. 496-14-4769 D		13a. Housewife			13b. None		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Missouri		14b. Girardeau	14c. Jackson		14d. Yes		14e. 115 South Farmington
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15.		William		Littleton	Mina Blattner		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Bernhardt H. Lang				17b. 1425 Perryville Rd. Cape Girardeau, Mo.			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Myocardial Infarction.					6 days.
DUE TO, OR AS A CONSEQUENCE OF:		(b) Coronary Artery Insufficiency.					2 yrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (c), STATING THE UNDERLYING CAUSE LAST		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No						19b. No	19c. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c.		20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. ATTENDED FROM		July	26,	1972	TO		July
21b. DECEASED FROM		July	31,	1972	AND LAST SAW HIM/HER ALIVE ON		July
21c. EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		MONTH	DAY	YEAR	MONTH	DAY	YEAR
22a.		July	31,	1972	I DID/DID NOT VIEW THE BODY AFTER DEATH.		21d. Did Not
22b.		MONTH	DAY	YEAR	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		21e.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE			DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. J.N. JAEGER, M.D.		23b. J.N. Jaeger, M.D.			M.D.		23c. Aug. 2, 1972
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d. 208 South High St. Jackson, Mo.		23e. Jackson, Mo.		23f. Cape Girardeau, Mo.		23g. 63755	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION		
24a. Burial		24b. Memorial Park			24c. Cape Girardeau, Mo. 63701		
DATE		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Aug. 3, 1972		24e. Mc Combs Route D Jackson, Mo. 63755					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR		
25a. Perry Hindstaff		25b. Marge Tucker			25c. 8-9-72		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED  
PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 29

10a. 29

10b. 031

11. 21501

12.

13. 0024843

14. 2

15. 4109

16.

17.

18.

19. CREDITS

20.

6.10080

AUG 24 1917

**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 Mackinnon

Licensed Embalmer No. 5097

P. O. Address Jefferson 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.