

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36598

State File No.

No. 300
10-48

FILED DEC 4 1951

REG. DIST. NO. 53 *Delayed* PRIMARY REG. DIST. NO. 3010 Registrar's No. 392

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>392</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CROOKED CREEK</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>BESSVILLE 0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNE</u> b. (Middle) <u>RHODES</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-51</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>2-4-1875</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR (Days) <u>8</u>	11. UNDER 1 Wk. (Hours) (Min.) <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aug.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Daisy, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FERDINAND STEARNS</u>			13b. MOTHER'S MAIDEN NAME <u>WILLIS</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>P.F. RHODES</u> ADDRESS <u>BESSVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cholelithiasis with pancreatitis</u></p> <p>ANTECEDENT CAUSES DUE TO (a) _____ DUE TO (b) <u>MVA Maxine Upper 2 weeks</u> DUE TO (c) <u>S.I. Hemorrhage due to cerebral arteriosclerosis</u></p> <p>11. OTHER SIGNIFICANT CONDITIONS <u>Terminal Pneumonia & tracheal obstruction.</u></p>					
19a. DATE OF OPERATION <u>10/25/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bleeding from pericardial space</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4621</u>			
22. I hereby certify that I attended the deceased from <u>10/1</u> , 19 <u>50</u> to <u>10/23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/22</u> , 19 <u>51</u> , and that death occurred at <u>3:30 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>10/31/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLAINVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-30-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>LUTESVILLE, MO.</u>			

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

0164

RECEIVED

DEC 3- 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md

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.