

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043464
State File No.

FILED DEC 18 1958

REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 2010 Registrar's No. 570

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>215 E. Monroe</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norman</u> b. (Middle) <u>August</u> c. (Last) <u>Illers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 14 -1895</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Selling Groceries</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>August Illers</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Hattie Schloss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-36-6992</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lynn Illers</u> ADDRESS <u>Jackson 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-27, 1958</u> , to <u>12-4, 1958</u> , that I last saw the deceased alive on <u>12-4, 1958</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E.F. McDonald, M.D.</u>		23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>12-6-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 7-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Dec. 15, 1958</u>		REGISTRAR'S SIGNATURE <u>Dr. Homer Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke-Laird</u> ADDRESS <u>Jackson Mo.</u>	

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

R. O. Laine

Licensed Embalmer No. *4538*

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 this body is not embalmed, fact should be so stated above.