

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31203**

No. 300
10-48

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 270			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 13 days		c. CITY (If outside corporate limits, write RURAL and give township) JACKSON		d. STREET ADDRESS (If rural, give location) Olive St. 0161			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hosp't				d. STREET ADDRESS (If rural, give location) Olive St. 1					
3. NAME OF DECEASED (Type or Print) (First) EMMA		b. (Middle) Huttegger		c. (Last) Huttegger		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 1953			
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct. 15 1884			
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Penrod		13b. MOTHER'S MAIDEN NAME Georgia McKane		14. NAME OF HUSBAND OR WIFE Edward Huttegger (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs W M Pfeiffer Jackson, Mo.					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 2 wks	
ANTECEDENT CAUSES Mortise conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis				DUE TO (c):					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus								6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9/4 , 19 53 , to 9-17 , 19 53 , that I last saw the deceased alive on 9-17 , 19 53 , and that death occurred at 11 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold R. Riding MD				23b. ADDRESS Cape Girardeau, Mo				23c. DATE SIGNED 9/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY New Wells		24d. LOCATION (City, town, or county) (State) New Wells Mo.			
DATE REC'D BY LOCAL REG. 9-21-53		REGISTRAR'S SIGNATURE C. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCombs Fun. & Und. Co. Jackson, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

1956
8
3981

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 B. A. Meyer.....

Licensed Embalmer No. 3051.....

P. O. Address Jackson Tmo......

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.