S. No. 300
v. 10-48

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11738

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 122

16
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4

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

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (in this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 313 North End Blvd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CAPE Girardeau 16
d. STREET ADDRESS (If rural, give location) 313 North End Blvd. 4

3. NAME OF DECEASED (Type or Print)
a. (First) KATIE
b. (Middle) LEE
c. (Last) DAWSON

4. DATE OF DEATH (Month) (Day) (Year) May 4 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 29-1874
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 8 Days 7 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Dixeston. Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Eli Vancil
13b. MOTHER'S MAIDEN NAME Unknown.
14. NAME OF HUSBAND OR WIFE Clarence - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Mrs Lisha Mandrelle
ADDRESS Cape Girardeau 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) intestinal obstruction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

15 IX

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) m.
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* Sept 18, 1948, *to* May 4, 1949, *that I last saw the deceased alive on* May 4, 1949, *and that death occurred at* 7½ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gw Bingland & Co.
23b. ADDRESS 100 L So Spring St
23c. DATE SIGNED 5/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE Apr 6-49
24c. NAME OF CEMETERY OR CREMATORY Fairmont Cem
24d. LOCATION (City, town, or county) (State) Cape Girarpeau Mo

DATE REC'D BY LOCAL REG. 5-6-1949
REGISTRAR'S SIGNATURE C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE Joe G Howell
ADDRESS Cape Gir. Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1949

AUG 18 1949

...IVED

...th Officer No. 4

... Number S49-609

5-9-49

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.

Signed W. H. Estes

Signed ..... Student Embalmer

Licensed Embalmer No. 9

P. O. Address Cape Girardeau, 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.