

22764

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>223</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>CAPE GIR.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>23 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU.</u>		16	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS. (1)</u>				d. STREET ADDRESS (If rural, give location) <u>205 BELLEVUE ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>B.</u> c. (Last) <u>DEAL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-8-1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov-18-1867</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>CHARLESTON, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>ISAAC H. BRIDWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>LATE, EDWIN J. DEAL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. Russell Deal Cape Gir. Mo.</u> ADDRESS <u>—</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>Carcinoma uterine</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>  <u>1811</u>	
19a. DATE OF OPERATION <u>5-17-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fur advanced Ca of uterine</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) _____		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 <u>6-15</u> , 19 <u>49</u> , to <u>7-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7</u> , 19 <u>49</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Russell Deal</u> (Degree or title) _____				23b. ADDRESS <u>801a Broadway</u>		23c. DATE SIGNED <u>7-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-11-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Walther's Funeral Home</u>		ADDRESS <u>Cape Gir. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 4816  
4

REIVED 7-18-49

Health Officer No. 4

Number 249-2

Date filed

JUL 18 1949

MAY 26 1951

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 Virgil K. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.

JUL 18 1949