

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1951

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>53</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>10 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		0130	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Southeast Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>ROUTE 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maribel Beatrice</b> b. (Middle) <b>Self</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 1st 1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Jan 21, 1951</b>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Charles Self</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Witel</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Self</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Self</b> ADDRESS <b>Cape Gir. Mo</b>			
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) <b>Natural Cause</b>  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.				INTERVAL BETWEEN ONSET AND DEATH	
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) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At Aborne</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cape Girardeau Cape Gir. Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 1 51 m.</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. P. Trickey</b>			23b. ADDRESS <b>Careless H. S. Pacific St Cape Gir</b>			23c. DATED SIGNED <b>Feb 1-51</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-2-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valley Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Gir. Mo</b>		
DATE REC'D BY LOCAL REG. <b>2-2-51</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. L. Jewell</b> ADDRESS <b>Cape Girardeau, Mo.</b>			

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

RECEIVED

FEB 5 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. 388

working under my personal supervision.

Student Charles F. Crane  
Student Embalmer

Signed W. D. Estes

Licensed Embalmer No. 3568

P. O. Address \_\_\_\_\_

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.