

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15861

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>194</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>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. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>			<u>0164</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pedan St.</u>				d. STREET ADDRESS (If rural, give location) <u>Pecan St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle)		c. (Last) <u>Story</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 5, 1889</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR <u>00</u> Months <u>12</u> Days	IF UNDER 24 HRS. <u></u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>cemetery worker</u>		11. BIRTHPLACE (State or foreign country) <u>Grand Tower, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>W.W. 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bill Story</u> ADDRESS <u>Pecan St. Cape Girardeau, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Na tural Cause</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						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) <u>Natural Cause</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Gir Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 17 51 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Natural Cause</u>					
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. P. Driskell, Coroner</u>				23b. ADDRESS <u>4. S. Pacific St Cape Gir Mo</u>		23c. DATE SIGNED <u>May 18 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Lormier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-18-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summer</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Young</u> ADDRESS <u>Cape Girardeau, Mo.</u> <u>Ford-Young Funeral Home Inc.</u>			

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

RECEIVED

MAY 21 1951

DISTRICT HEALTH OFFICE No. 6

No.....

MAY 23 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 *Lawrence J. Green*

Licensed Embalmer No. 4736

P. O. Address Cape Girardeau, Missouri

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.