

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22339**

FILED JUL 25 1951

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **257**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau County b. CITY OR TOWN Cape Girardeau c. LENGTH OF STAY (in this place) 37 yr. d. FULL NAME OF HOSPITAL OR INSTITUTION Hogham Nursing Home (Cape)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir c. CITY OR TOWN Cape Girardeau 0164 d. STREET ADDRESS (If rural, give location) 1330 N Main	
3. NAME OF DECEASED (Type or Print) Lovena a. (First) Sitzes b. (Middle) Sitzes c. (Last) Sitzes		4. DATE OF DEATH (Month) (Day) (Year) July 17 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 11 1874
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR (Month) (Day) (Year) 10 6	IF UNDER 24 HRS. (Hour) (Min.) _____	11. BIRTHPLACE (State or foreign country) OakRidge Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY None	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Alexander Camren 13b. MOTHER'S MAIDEN NAME Catherine Kelley 14. NAME OF HUSBAND OR WIFE Walter Sitzes	
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. no	
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 II. INFORMANT'S SIGNATURE OR NAME Mr. Walter Sitzes Cape Gir Mo ADDRESS INTERVAL BETWEEN ONSET AND DEATH 6 days	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Hypertensive Myocarditis (DUE TO (c))		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 443X	
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 10-18 , 19 50 , to 7-17 , 19 51 , that I last saw the deceased alive on 7-16 , 19 51 , and that death occurred at 4:48 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William J. Oehler M.D.		23b. ADDRESS Cape Girardeau Mo	
23c. DATE SIGNED 7-18-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 18 1951		24c. NAME OF CEMETERY OR CREMATORY Lorimier	
24d. LOCATION (City, town, or county) (State) Cape Gir Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Joe E. Howell Cape Gir Mo ADDRESS _____	
DATE REC'D BY LOCAL REG. 7-18-1951		REGISTRAR'S SIGNATURE C. O. Summers	

RECEIVED

JUL 24 1951

DISTRICT HEALTH OFFICE No. 6

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 W. H. Estes

Licensed Embalmer No. 3568

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.