

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26317**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 287	
1. PLACE OF DEATH a. COUNTY Cape Girardeau <i>0164</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 67 yr		b. CITY OR TOWN Cape Girardeau <i>0164</i>		d. STREET ADDRESS (If rural, give location) 810 N Spanish <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION SouthEast Hospital				3. NAME OF DECEASED a. (First) Magdalena b. (Middle) Foeste c. (Last) Foeste			
4. DATE OF DEATH Aug 7 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct 26 1883		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 9 Days 9		IF UNDER 4 HRS. Hours 9 Min.	
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		11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Wm Schwettman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Wm. (Deceased)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Guy Roe Cape Gir 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 260X		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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 11:30 <i>11:30</i> 1951 , that I last saw the deceased alive on 8/2 , 19 51 and that death occurred at 7:30 <i>7:30</i> am , from the causes and on the date stated above.							
23a. SIGNATURE C. L. Summers (Degree or title)				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 8/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 9 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 8-13-51		REGISTRAR'S SIGNATURE C. L. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Joe D. Howell		ADDRESS Cape Gir Mo	

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

RECEIVED

AUG 21 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.

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Estis

Licensed Embalmer No. 2568

P. O. Address Cap Hill Rd

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.