

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29694**

FILED SEP 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **51** PRIMARY REG. DIST. NO. **3010** Registrar's No. **317**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau County</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) <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>67 yr</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		d. STREET ADDRESS (If rural, give location) <b>800 So. Blvd.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family Home</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 9-1951</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anne</b> b. (Middle) <b>Elmora</b> c. (Last) <b>Shillito</b>			5. SEX <b>Female</b>		
6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar 29 1884</b>		9. AGE (In years last birthday) Months Days <b>67 5 10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</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.A.</b>
13a. FATHER'S NAME <b>Gus Morrow</b>		13b. MOTHER'S MAIDEN NAME <b>Necy Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence (Deceased)</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>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Morrow Cape Gir Mo</b>		
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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>altered Schlerose</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>generalized</b> DUE TO (b) DUE TO (c) <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 Days</b> <b>10 years</b>
19a. DATE OF OPERATION	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		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) (m.)		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 <b>Aug 7, 1951</b> , to <b>Sept 9, 1951</b> , that I last saw the deceased alive on <b>Sept 9, 1951</b> , and that death occurred at <b>6:15</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Edward Campbell M.D.</b>			23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>Sept 10, 1951</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 11 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-10-1951</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Joe G. Howell Cape Gir Mo</b>		

RECEIVED

SEP 17 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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. Ester.....

Licensed Embalmer No. 3568.....

P. O. Address Cap Girardine Mo......

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.