

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **86584**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **390**

0164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau)	c. LENGTH OF STAY (in this place) 60yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	0164
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Hospital		d. STREET ADDRESS (If rural, give location) 1453 Luce	

3. NAME OF DECEASED (Type or Print) a. (First) Paula b. (Middle) _____ c. (Last) Dyer	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 13	IF UNDER 4 HRS. Hours _____ Min. _____
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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
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13a. FATHER'S NAME Louis Weldman	13b. MOTHER'S MAIDEN NAME Emma Burenig	14. NAME OF HUSBAND OR WIFE V.W Dyer
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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 V.W. Dyer	ADDRESS Cape Gir Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 10-11 Mos.
	2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease 20+ yrs Chronic Pyelonephritis, severe 5+ yrs		
19a. DATE OF OPERATION 9 Oct 51		19b. MAJOR FINDINGS OF OPERATION Abdominal Tuberculosis - intestinal obstruction	

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)
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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"/>	21f. HOW DID INJURY OCCUR? 011X
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22. I hereby certify that I attended the deceased from **July 1951** to **28 Nov 1951**, that I last saw the deceased alive on **28 Nov 1951**, and that death occurred at **9:57 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. O'Shea	23b. ADDRESS 709 Broadway Cape	23c. DATE SIGNED 28 Nov 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 30 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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DATE REC'D BY LOCAL REG. 11-29-51	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Joe J. Howell	ADDRESS Cape Gir Mo
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RECEIVED

DEC 3 - 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. Estes

Licensed Embalmer No. 2568

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.