

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36595

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 382

| | | | |
|---|--|--|--|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | |
| c. LENGTH OF STAY (in this place) <u>11 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Themis St. Leonora Apartments Themis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leonora Apartments Themis</u> | | | |

| | | | | |
|---|------------|-------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>GRACE</u> | a. (First) | b. (Middle) | c. (Last) <u>MISFELDT</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 23, 1951</u> |
|---|------------|-------------|---------------------------|--|

| | | | | | |
|----------------------|-------------------------------|--|--|--|---------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widowed</u> | 8. DATE OF BIRTH <u>November 6, 1871</u> | 9. AGE (In years last birthday) <u>80</u> Months <u>0</u> Days <u>17</u> | IF UNDER 1 YEAR Hours <u>17</u> Mins. |
|----------------------|-------------------------------|--|--|--|---------------------------------------|

| | | | |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Woodfield, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
|--|---|--|---|

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>William S. Way</u> | 13b. MOTHER'S MAIDEN NAME <u>Josephine Laughlin</u> | 14. NAME OF HUSBAND OR WIFE <u>J. F. Misfeldt</u> |
|--|---|---|

| | | | |
|--|-----------------------------------|--|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mamie Misfeldt</u> | ADDRESS <u>Cape Gir., 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs (c)</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pathological fracture left femur. 2 mos.</u> | | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION <u>Dec 1951</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Pathological fracture left femur</u> | 20. AUTOPSY? 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, 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 July 1951, to 23 Nov., 1951, that I last saw the deceased alive on 20 Nov., 1951, and that death occurred at 7:25 m., from the causes and on the date stated above.

| | | |
|---|---|-----------------------------------|
| 23a. SIGNATURE <u>W. O. Sheehy M.D.</u> (Degree or title) | 23b. ADDRESS <u>709 Broadway - Cape</u> | 23c. DATE SIGNED <u>23 Nov 51</u> |
|---|---|-----------------------------------|

| | | | |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 26, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Dielstadt Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Dielstadt, Missouri</u> |
|---|--------------------------------|--|--|

| | | | |
|--|--|---|------------------------------|
| DATE REC'D BY LOCAL REG. <u>11-23-51</u> | REGISTRAR'S SIGNATURE <u>P. C. Summers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Funeral Home</u> | ADDRESS <u>Cape Gir. Mo.</u> |
|--|--|---|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 27 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Virgil K. Kelch

Licensed Embalmer No.

4102

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.