

No. 306
10-48

REC'D JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19706

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 334 S. Fountain St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) Laura Anna Founttiedernel			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1952		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Nov. 22, 1893		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR (Specify) Hours 6 Min. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY -----		
11. BIRTHPLACE (State or foreign country) Mississippi			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Nancy Huzzy		14. NAME OF HUSBAND OR WIFE F. Costello Founttiedernel	
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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. 486-16-9385		17. INFORMANT'S SIGNATURE OR NAME Robert Barnett, 334 S. Fountain 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Pancreas</i>			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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. <i>Myocardial Infarction</i>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Normal</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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		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 5-20, 1952 to 6-7, 1952 that I last saw the deceased alive on 6-7, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Barnett</i>		23b. ADDRESS <i>334 S. Fountain Cape Gir., Mo.</i>		23c. DATE SIGNED <i>6/8/52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	
				24d. LOCATION (City, town, or county) - Cape Girardeau, Missouri	

DATE REC'D BY LOCAL REG. 10-9-52		REGISTRAR'S SIGNATURE <i>C. C. Summers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>F. J. Sparks</i>	
				ADDRESS Cape Gir., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

164
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SEP 18 1919

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 Frank J. Sparks

Licensed Embalmer No. B455

P. O. Address Rep. Guardrail

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.

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