No. 300
10.48

ILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19730

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 176

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

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST FRANCIS, HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CAPE GIRARDEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
d. STREET ADDRESS (If rural, give location): 372 N. HENDERSON

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3. NAME OF DECEASED (Type or Print)
a. (First): JULIA
b. (Middle): ANN
c. (Last): RECK

4. DATE OF DEATH (Month) (Day) (Year): JUNE 14 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN 31, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): NEELYSLANDING, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: HENRY SCHENIMANN
13b. MOTHER'S MAIDEN NAME: MARY MASSEY
14. NAME OF HUSBAND OR WIFE: EDWARD B. RECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Hope Hartner — ADDRESS: St Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio Renal Vascular
DUE TO (c): Disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
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)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8-, 1952, *to* 6-14, 1952, *that I last saw the deceased alive on* 6.14, 1952, *and that death occurred at* 7:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. Ashley MD
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-16-52
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU, MO

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling Hoff Funeral Home — ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4470

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.