V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30984

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 301

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Cape Girardeau
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Route 2

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 0160
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Mary Ellen
b. (Middle):
c. (Last): Stalling

4. DATE OF DEATH (Month) (Day) (Year): Sept 15 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 21 1911
9. AGE (In years last birthday): 41 — If under 1 year: Months 4, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (City and State or Foreign Country): Pleasant Hill Ill
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Harry Mitchell
13b. MOTHER'S MAIDEN NAME: Blanche McMullen
14. NAME OF HUSBAND OR WIFE: Douglas Stalling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 490-05-6197
17. INFORMANT'S SIGNATURE OR NAME: D. Stalling — ADDRESS: Cape Girardeau 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): By a self inflicted gunshot wound in the chest

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.
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INTERVAL BETWEEN ONSET AND DEATH

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At her home H.W.61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cape Girardeau Cape Gir Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 15 52 6.30 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gunshot wound in chest

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. R. Prickey 3 Coroner
23b. ADDRESS: 4 S. Pacific St Cape Girardeau Mo
23c. DATE SIGNED: Sept 19 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 17 52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cem.
24d. LOCATION (City, town, or county) (State): Pleasant Hill Ill

DATE REC'D BY LOCAL REG.: 9-19-52
REGISTRAR'S SIGNATURE: C. C. Summers 44-C
25. FUNERAL DIRECTOR'S SIGNATURE: J. H. Howell — ADDRESS: Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3568

P. O. Address Cape Girardeau 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.