

STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1953

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY BOLLINGER	
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 RURAL LORANCE	
c. LENGTH OF STAY (in this place) 6wks		d. STREET ADDRESS (If rural, give location) NEAR MARBLE HILL 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH EAST HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) FREDRICK b. (Middle) John c. (Last) FILER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH SEPT. 20, 1883		9. AGE (In years last birthday) 65 <input type="checkbox"/> UNDER 1 YEAR 10 <input type="checkbox"/> MONTHS 15 <input type="checkbox"/> HOURS 15 <input type="checkbox"/> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MO BOLLINGER CO. MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME HENRY FILER		13b. MOTHER'S MAIDEN NAME DEICK ROEGER		14. NAME OF HUSBAND OR WIFE JULIA FILER, Marble Hill	
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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. UNK		17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Filer, Marble Hill ADDRESS Marble Hill	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) REPERITIS, SUBACUTE		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 7-1-53		19b. MAJOR FINDINGS OF OPERATION Hepatitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from **6-30 1953** to **8-5 1953** that I last saw the deceased alive on **8-5 1953**, and that death occurred at **5-53 AM**, from the causes and on the date stated above.

23a. SIGNATURE Frank Hall (Degree or title) MD		23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 8-7-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 7 1953		24c. NAME OF CEMETERY OR CREMATORY Glen Allen Cem.	
				24d. LOCATION (City, town, or county) (State) Glen Allen MO.	

DATE REC'D BY LOCAL REG. 8-11-53		REGISTRAR'S SIGNATURE C. C. Summers		FUNERAL DIRECTOR'S SIGNATURE Baber Funeral Home ADDRESS Lutesville	
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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 J. E. Graham

Licensed Embalmer No. 4210

P. O. Address Luttwille, 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.