

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18208

BIRTH NO. 35164-54 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 227

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 Girardeau	
b. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 407 Albert Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Carol		b. (Middle) Jean	
		c. (Last) Mecham	
		4. DATE OF DEATH (Month) (Day) (Year) June 16, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 13, 1954
		9. AGE (in years last birthday) —	
		IF UNDER 1 YEAR Months —	
		IF UNDER 1 HR. Hours 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri	
		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Willie Mecham		13b. MOTHER'S MAIDEN NAME Ethel Mae Lincoln	
		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO None		16. SOCIAL SECURITY NO. None	
		17. INFORMANT'S SIGNATURE OR NAME Willie Mecham	
		ADDRESS Cape Girardeau, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ATELECTASIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WT - 2# 28g.	
		INTERVAL BETWEEN ONSET AND DEATH 3-4 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625	
		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
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?	
22. I hereby certify that I attended the deceased from 13 June, 1954, to 16 June, 1954, that I last saw the deceased alive on 16 June, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE James A. Kinley		23b. ADDRESS Cape Girardeau, Missouri	
(Degree or title) M.D.		23c. DATE SIGNED 17 June '54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17, 1954	
		24c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery	
		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG 6-17-54		REGISTRAR'S SIGNATURE C. C. Summers	
		EMERALD DIRECTOR'S SIGNATURE Ford Young	
		ADDRESS Home Cape Girardeau, Mo	

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

Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Cape Girardeau, Missouri

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.