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FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18219**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **243**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>	
c. LENGTH OF STAY (In this place) <b>8 days</b>		d. STREET ADDRESS (If rural, give location) <b>R. 2, Box 52</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pauline</b> b. (Middle) _____ c. (Last) <b>Temple</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 14, 1887</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Nixburg, Ala.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>George Slaughter</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>William Temple</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-10-0060</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elsie Gaden, R. 2, Box 52, Cape Gir., Mo.</b>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of stomach</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 mos</b>
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151 X</b>		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)	
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 **Oct. 5, 1950**, to **June 30, 1954**, that I last saw the deceased alive on **June 30, 1954** and that death occurred at **4:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>John Crowe, M.D.</b>		23b. ADDRESS <b>Cape Girardeau, Mo.</b>		23c. DATE SIGNED <b>7/2/54</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 4, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairmont Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>7-5-54</b>		REGISTRAR'S SIGNATURE <b>W. G. Summers</b>		FUNERAL DIRECTOR'S SIGNATURE <b>F. D. Sparks</b>	
				ADDRESS <b>Cape Gir., Mo.</b>	

(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 *Frank Sparks*

Licensed Embalmer No. *3454*

P. O. Address *Cape Girardeau*

**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.